

YOUR BIRTH DATE (m/d/y)

05 / 05 / 1985

MASSACHUSETTS HEALTH CARE PROXY

1 I, Your Name, residing at _____
(Principal: PRINT your name)

123 Main Street Brockton MA 01234
(Street) (City/town) (State/ZIP)

Fill in your name, address, and birth date

appoint as my **Health Care Agent:** Jessica Jones
(Name of person you choose as Agent)

of 321 Main Street Boston MA 04321
(Street) (City/town) (State/ZIP)

Fill in the information of whoever you choose as your health care "agent" or the person who will be able to make medical decisions for you

Agent's tel (h) 555-123-4567 (w) 555-765-4321 E-mail _____

OPTIONAL: If my agent is unwilling or unable to serve, then I appoint as my **Alternate Agent:**

_____ (Name of person you choose as Alternate Agent)

of _____ (Street) (City/town) (State/ZIP) (Phone)

If the person you pick for the agent cannot help, you can pick a second person just in case. Write their name and address here.

2 My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, *if any*, you wish to place on your Agent's authority):

This section is saying that your agent can make any decision about your health care for you if your doctor says you can't make the decision yourself. You agent has to make whatever choice they think you would make. You can list anything you *don't* want your agent to be able to decide. Then you sign and date here

In the case of.....

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3 Signed: Your Name Date: 01 / 01 / 19 (mo/day/yr)

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

(Name) _____
(Street)

(City/town) (State/ZIP)

4 **WITNESS STATEMENT:** We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.

In our presence, on this day 01 / 01 / 19 (mo / day / yr).

Today's date

Witness #1 Witness 1
(Signature)

Witness #2 Witness 2
(Signature)

Name (print) Witness 1

Name (print) Witness 2

Address 1234 Street Dorchester MA 02122

Address 4321 Street Boston MA 02101

Attention! Two adults have to watch you sign the document and then sign here –the two adults cannot be the agent or the second person you picked to be the agent.

5 Statements of Health Care Agent and Alternate Agent (OPTIONAL)

Health Care Agent: I have been named by the Principal as the Principal’s **Health Care Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. But if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal’s wishes.

This says you and the agent have talked about your health care wishes and they will do their best to make whatever choices you would want. Agent can sign here.

(Signature of **Health Care Agent**) Jessica Jones

Alternate Agent: I have been named by the Principal as the Principal’s **Alternate Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. But if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal’s wishes.

If you chose an additional agent, they can sign here

(Signature of **Alternate Agent**) _____

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