



PATIENT I.D. DATA:
(Name, DOC#, DOB)

DURABLE POWER OF ATTORNEY FOR HEALTH CARE (Designation of Agent for Health Care Decisions)

I, _____ as principal, designate and appoint the person(s) listed below as my attorney-in fact for health care decisions (hereinafter "Agent").

Agent: Name: _____ Phone number: _____
Address: _____

Alternate: Name: _____ Phone number: _____
Address: _____

POWERS RELATED TO HEALTH CARE DECISIONS

My Agent for health care decisions shall have the following powers:

To make health care decisions on my behalf if I am unable to do so, including giving informed consent to health care providers. Included in this power is the authority to make decisions about life-prolonging medical procedures, such as (but not limited to) a respirator, placement or removal of tubes to provide nutrition or hydration, antibiotics, and cardiopulmonary resuscitation.

I intend my Agent to have the authority to consent to giving, withholding, or stopping my health care treatment, service, or diagnostic procedure. All of this is to be in keeping with any instructions I may have given in DOC 13-311_Health Care Directive or a non-Department directive (attached). Under no circumstances will my agent have the authority to disregard or override my instructions set forth in my advanced directive.

By completing this document, I intend to create a durable power of attorney for health care under RCW 11.94. It shall take effect upon my incapacity to make my own health care decisions and shall continue during that incapacity to the extent permitted by law or until I revoke it.

By signing this document, I indicate that I understand the purpose and effect of this durable power of attorney for health care.

(You must sign this in the presence of a Notary Public for it to be valid.)

Dated this _____ Day of _____, 20 _____

Signed: _____

STATE OF WASHINGTON

County of _____

On this day personally appeared before me, _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that s/he signed the same as her/his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal this _____ day of _____, 20 _____

Notary Public in and for the State of Washington

Residing in _____

My appointment expires _____

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.