



HEALTH CARE PROXY- NY

This is a worksheet that will assist WE THE PEOPLE in preparing your **Health Care** Power of Attorney Documents, also commonly called a Health Care Proxy.

A **Health Care Power of Attorney**, which is also called a **Health Care Proxy** gives legal authority to another person (called an agent or attorney-in-fact) to make medical and other legal decisions for the principal.

The New York **Health Care Proxy** Law allows you to appoint someone you trust — for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself.

By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes.

Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones.

You may also give your agent instructions that he or she has to follow. This document can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

Finally, with this document, you will select a person who can authorize the release of all medical documentation and other information, including protected health information that you could personally obtain upon request, which may be in the possession of any health care provider, medical care facility, insurer, physician, hospital, ambulance service or nurse or any other covered entity under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA").

Your Name _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone () _____ Work Phone () _____

HEALTH CARE PROXY INFORMATION:

Your **HEALTH CARE AGENT** is the person or persons you are granting legal authority to make health and medical decisions for you.

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment.

However, in New York State, only a health care agent you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself.

Your **HEALTH CARE AGENT** will also be authorized to obtain the release of all medical documentation and other information, including protected health information that you could personally obtain upon request, which could be in the possession of any health care provider, medical care facility, insurer, physician, hospital, ambulance service or nurse or any other covered entity under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA").

If you wish to choose additional **HEALTH CARE AGENTS**, attach a separate page.

HEALTH CARE AGENT INFORMATION:

HEALTH CARE AGENT Name _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____

(OPTIONAL) ALTERNATE HEALTH CARE AGENT INFORMATION:

ALTERNATE HEALTH CARE AGENT Name _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____

Customer: _____

The above answers were provided by me and I did not receive any legal advice in completing my forms. (REV 09/11/12)