Health Care Proxy Agreement

Through this agreement, _____, hereafter known as the "Patient," hereby assigns to _____ , hereafter known as "Agent," the duty of agent in such case as the patient becomes incapable of executing health care decisions. The Patient agrees that this assignment is voluntary and that important, potentially life-ending decisions may be made by the Agent.

This agreement assigns the Agent to this duty until _____. It is conditional on the following considerations: _____. A secondary proxy, named _____, will be used if the Agent is unavailable. This secondary proxy has signed a separate agreement and can be contacted at _____.

Agent hereby agrees to take on these duties voluntarily and agrees to make every effort to consider the wishes of the Patient in all decisions made. Certain special conditions override any claims by the Agent, as these are certain, and firm wishes of the Patient. These include:

- _____
- _____
- _____
- _____
- _____
- _____

In addition, the Patient would like to make known that organ donation is permissible _____, with the following exceptions: _____.

This document has been signed by two witnesses in accordance with the law, as well as both the Agent and the Patient. This document will be filed in several locations, and copies will be dispersed to close family members and others who may contest the power of the Agent, to make the wishes of the Patient clear and known.

I, _____, on this date of _____, recognize that _____, being of sound mind, assigns to _____ the power of health care agent. All participating members are of mind to do so. I am over the age of 18 and legally capable of bearing witness to this agreement.

I, _____, on this date of _____, recognize that _____, being of sound mind, assigns to _____ the power of health care agent. All participating members are of mind to do so. I am over the age of 18 and legally capable of bearing witness to this agreement.

_____ _____

(Patient) (Date)

_____ _____

(Agent) (Date)