

Instructions for Completing the Health Care (Medical) Power of Attorney

1. Print your name in the first blank line.

"I, **MY NAME**, as principal, designate . . . "

2. Print the name of the person you have chosen to be your Health Care (Medical) Power of Attorney on the next blank line.

"**OTHER PERSON'S NAME**, as my agent for all matters relating to my health care . . .
"

3. Print the address and phone number of the person you have chosen to be your Health Care (Medical) Power of Attorney on the next blank line.

"Print agent **ADDRESS** and **PHONE**"

4. You may name an alternate person to be your Health Care (Medical) Power of Attorney. This second person would take over if the first person you named is not available or is unable to make decisions for you.

"If my agent is unwilling or unable to serve or continue to serve, I hereby appoint
SECOND PERSON'S NAME as my agent."

5. If you choose a second person as an alternate, complete the next blank line with the second person's address and phone number. If you do not choose a second person as an alternate, leave this last line blank.
6. You must sign this form in front of a witness.

The witness cannot be related to you by blood, marriage or adoption, cannot be a beneficiary to your estate, and cannot be directly involved in your healthcare.

In Arizona, it is not necessary to have this form notarized, but there is a space for a notary if you desire.

7. Give a copy of this form to your Health Care (Medical) Power of Attorney, to your family and close friends, and to your doctor. Keep a copy to take to the hospital or clinic if you become ill and need treatment.