

HEALTH CARE PROXY

I, _____, residing at _____, hereby appoint _____, currently residing at _____, as my Health Care Agent, to make any and all health care decisions for me, except to the extent that I state otherwise.

In the event that _____, is unable or unwilling to serve as my Health Care Agent, I appoint _____ currently residing at _____, as Health Care agent, to make any and all health care decisions for me, except to the extent that I state otherwise.

This Health Care Proxy shall take effect only in the event that I become unable to make my own health care decisions. It revokes any Health Care Proxy or similar document executed by me prior to the date hereof.

In the event that I am deemed by my attending physician to be terminally ill, permanently unconscious or permanently helpless:

I do not want cardiac resuscitation;
I do not want mechanical respiration;
I do not want artificial nutrition or tube feeding.

I do want maximum pain relief. If I am deemed by my attending physician to be terminally ill, permanently unconscious or permanently helpless, I want such relief even if addictive and despite any side effects it may have.

I direct my Health Care Agent to make health care decisions in accordance with my wishes as stated above. In all instances in which my wishes are not so stated, my Health Care Agent shall make such health care decisions as my Health Care Agent shall determine in his or her sole and absolute discretion.

My Health Care Agent knows my wishes concerning artificial nutrition and hydration. I direct my Health Care Agent to make such health care decisions as my Health Care Agent shall determine in his or her sole and absolute discretion.

I understand that, unless I revoke it, this Health Care Proxy will remain in effect indefinitely. I hereby revoke any and all prior Health Care Proxies made by me.

IN WITNESS WHEREOF, I have executed this Health Care Proxy on the _____ day of _____, 2012.

We declare that the person who signed this document is personally known to us and appears to be of sound mind, acting willingly and free from duress. Such person signed this document in our presence. Neither of us is a person appointed as agent by this document.

_____ residing at _____

_____ residing at _____

STANLEY

INSTRUCTIONS: (See Public Health Law, Art. 29-C)

1. Only one person at a time may serve as health care agent.
2. The health care agent may not be an employee of a hospital, hospice, nursing home, mental institution or home for the retarded in which the principal is or has applied to be a patient (unless a relative by blood, marriage or adoption) or a physician affiliated with a mental hygiene facility or psychiatric unit of a hospital in which the principal is a patient (unless such a relative). A physician, while acting as health care agent, cannot also serve as the principal's attending physician.
3. If the principal resides in a mental hygiene facility when the proxy is executed, one witness must be a physician certified by the American Board of Psychiatry and Neurology and one witness must be a person not affiliated with the facility. If the principal is retarded, additional requirements are set forth in PHL ' 2981.
4. A principal who cannot sign may have another sign for him under PHL ' 2981(2) in the presence of the principal. Note that the attestation clause will have to be modified in such event.
5. The health care proxy may not be on a form which includes a power of attorney.
6. The health care proxy becomes effective upon a determination under PHL ' 2983(1) that the principal lacks capacity to make health care decisions.
7. See PHL ' 2990 as to health care proxies executed in other states.
8. See PHL ' 2992 as to any litigation regarding health care proxies.