

## Indiana Appointment of a Health Care Representative

I, \_\_\_\_\_, voluntarily appoint \_\_\_\_\_, whose

telephone number and address are: \_\_\_\_\_

as my health care representative who is authorized to act for me in all matters of health care in accordance with I.C. 16-36-1-7, except as otherwise specified below. If \_\_\_\_\_ cannot or is unwilling to serve, I hereby appoint \_\_\_\_\_ whose telephone number and address are:

\_\_\_\_\_ as my substitute representative hereunder.

This appointment is to be exercised in good faith and in my best interest subject to the following terms and conditions (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do, do not (**circle one**) hereby further authorize my health care representative as follows:

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my health care representative is satisfied that certain health care is not or would not be beneficial, or that such health care be withheld or withdrawn and consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

This appointment becomes effective and remains effective if I am incapable of consenting to my health care.

I do, do not (**circle one**) authorize my health care representative hereby appointed to delegate decision making power to another.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Signature of Appointer

\_\_\_\_\_  
Address

I declare that I am an adult at least eighteen (18) years of age and that at the request of the above named individual making the appointment, I witnessed the signing of this document by the Appointer on the date noted above.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number