

Legal document

Durable power of attorney for health care – patient advocate designation

I, _____ (the "Principal"),
do hereby designate _____ (the "Patient Advocate")
to act as my patient advocate for health care decisions.
I understand that my Patient Advocate will have the authority to make health care decisions on my behalf, including the right to consent to or refuse medical treatment, surgery, and other procedures, and to make decisions regarding my admission to and discharge from a hospital, nursing home, or other health care facility. I understand that my Patient Advocate will also have the authority to make decisions regarding my participation in research, and to make decisions regarding my participation in clinical trials. I understand that my Patient Advocate will also have the authority to make decisions regarding my participation in research, and to make decisions regarding my participation in clinical trials. I understand that my Patient Advocate will also have the authority to make decisions regarding my participation in research, and to make decisions regarding my participation in clinical trials.

Patient advocate designation

I, _____
do hereby designate _____

on _____, 18, _____
to act as my patient advocate for health care decisions.
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Signature: _____ #: _____
Address: _____ City: _____ State: _____

**Acceptance by patient advocate and
Alternate (successor) patient advocates**

B. _____

A. _____

B. _____

C. _____

D. II _____ 10.3 (22
