

Instructions for completing the Health Care Proxy form

Step 1. In section (1), write your name on the first line and then write the name, home address and telephone number of the person you are selecting as your agent.

Step 2 (optional). If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent in section (2).

Step 3. Fill in section (3) only if you want your Health Care Proxy to expire. You can fill in a date or an event when you want the Health Care Proxy to end. If you do not complete this section, your Health Care Proxy will not end.

Step 4. In section (4), if you have special instructions for your agent, write them here in the space provided. If you need more space to write, use a separate sheet and add the words “see attached.”

Instructions for your agent can include limits to your agent’s authority. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

Here are some examples of specific instructions you may want to add:

“If I become terminally ill, I [do/don’t] want to receive the following types of treatments....”

“If I am in a coma or have little conscious understanding, with no hope of recovery, then I [do/don’t] want the following types of treatments...”

“If I have brain damage or a brain disease that makes me unable to

recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments..."

"I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures."

Here are some examples of medical treatments you may wish to give your agent special instructions about:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

These are just some examples. There may be other medical treatments you want to give your agent special instructions about that are not in the list above.

Step 5. Do not sign sections 5 and 6 until you are with your witnesses. The rest of the form will need to be completed in front of two witnesses.

The witnesses must be at least 18 years old and competent. Neither of

them can be named as an agent or successor agent in your Health Care Proxy.

You do not need a notary.

During the public health emergency resulting from Covid-19, the governor authorized remote witnessing using video-conferencing technology. If you are connecting with your witnesses in person, follow Step 6 through Step 9. If you are connecting with your witnesses electronically, follow Step 10 through Step 15.

Follow the next steps if you are going to sign in front of your witnesses in-person. If you need to connect with your witnesses virtually, go to Step 10.

Step 6. In section (5), fill in your name and address. Then sign the form when your witnesses are watching. The witnesses must see you sign the form. If you are unable to sign yourself, you may direct someone else to sign in your presence and in front of your witnesses.

Step 7. In section (6), you may state wishes or instructions about organ and/or tissue donation.

If you do not state your wishes here, the law does allow other individuals to make this decision for you.

The first person who would get to make that decision would be your health care agent named in this form, followed by, and in this order:

1. an agent you have designated in your Appointment of Agent to Control Disposition of Remains (if you have completed one)
2. your spouse, if not legally separated, or your domestic partner
3. your son or daughter 18 years of age or older

4. either of your parents
5. a brother or sister 18 years of age or older
6. a court-appointed guardian
7. any person eighteen years of age or older who would be entitled to share in your estate
8. a duly appointed fiduciary of your estate (an executor or administrator)
9. a close friend or relative who is reasonably familiar with you wishes when no one higher on this list is reasonably available, willing, or competent to act, provided that such person has a written statement designating the person as your agent
10. a chief fiscal officer of a county or a public administrator appointed under the surrogate's court procedure act, or any other person action on your behalf, provided that such person has a written statement designating the person as your agent

Step 8. Your witnesses complete section (7). Each witness must print their names, addresses, and sign a statement that says that they saw you sign the Health Care Proxy willingly and free from duress.

Step 9. Give copies of the Health Care Proxy to anyone that will need it. You should give a copy of your Health Care Proxy to your agent(s) and an alternate agent(s). You should also give a copy to each of your doctors.

Steps 10 through 15 are included so that you can connect with your witnesses virtually. Follow the steps below to make sure that how you connect with your witnesses meets the conditions of the governor's authorization of remote witnessing.

You and your witnesses will need a way to video call. You and your witness will also need a way to send a photo, scan or fax of the document and access to a printer.

Step 10. Use the webcam on your computer and/or the camera on your phone to connect virtually to two witnesses and make sure they can both see and hear you. They do not need to be together and they do not need to be able to interact with each other. If you do not know them personally, show them your ID.

Step 11. When the witnesses are watching you:

In section (5), sign and date your Health Care Proxy.

In section (6), if you will be donating any organs/tissues, sign and date the appropriate lines.

If you do not state your wishes on this form, the law does allow other individuals to make this decision for you.

The first person who would get to make that decision would be your health care agent named in this form, followed by, and in this order:

1. an agent you have designated in your Appointment of Agent to Control Disposition of Remains (if you have completed one)
2. your spouse, if not legally separated, or your domestic partner
3. your son or daughter 18 years of age or older
4. either of your parents

5. a brother or sister 18 years of age or older
6. a court-appointed guardian
7. any person eighteen years of age or older who would be entitled to share in your estate
8. a duly appointed fiduciary of your estate (an executor or administrator)
9. a close friend or relative who is reasonably familiar with you wishes when no one higher on this list is reasonably available, willing, or competent to act, provided that such person has a written statement designating the person as your agent
10. a chief fiscal officer of a county or a public administrator appointed under the surrogate's court procedure act, or any other person action on your behalf, provided that such person has a written statement designating the person as your agent

Step 12. Make sure your witnesses know how you will be sending them the document for them to sign – you can fax a copy, use your phone to email or text a photo, or scan the document and email it to them.

You may now disconnect from the video call.

Step 13. On the same day you sign the Health Care Proxy, fax, text or email a photo or scan of the page with section (7) on it to Witness 1.

Witness 1 should print and sign the page. Then they should send the page back to you also on the same day by fax, text or email.

Then, also on the same day you sign the Health Care Proxy, fax, text or email a photo or scan of the page with Witness 1's signature on it to Witness 2.

Witness 2 should print and sign the page. They should send the page back to you on the same day by fax, text or email.

You should now have a page with three signatures, yours and each of your witnesses’.

Step 14. Print the page that shows your signature and both witnesses’ signatures. Use this page to replace the version of page 2 that only has your signature only. Do not get rid of the page with only your signature.

Step 15 (optional). You can get original witness signatures within 30 days of the signing of your Health Care Proxy. This may make things smoother when you or your agent(s) present it to your doctors.

Within 30 days of signing, send or give to Witness 1:

- your actual physical Health Care Proxy containing your original signature (both pages)
- a copy of the page that has your signature and your witness’s electronically transmitted signatures (the page you faxed, e-mailed, or texted)

Witness 1 can then sign the page with your original signature and write the date that they watched you sign the form.

For example, if they signed and scanned their signature to you on May 1st, and now they’re signing your original copy on May 15th, the date they will write next to their signature will be May 1st.

Also within 30 days of signing, repeat the process above with Witness 2. Once you get the form back from Witness 1, send to Witness 2:

- both pages of the Health Care Proxy form with your original signature and Witness 1’s original signature that you just received back

- a copy of the page that has your signature and your witness's electronically transmitted signatures (the page you faxed, e-mailed, or texted)

Step 16. Give copies of the Health Care Proxy to anyone that will need it.

You should give a copy of your Health Care Proxy to your agent(s) and an alternate agent(s).

You should also give a copy to each of your doctors. Keep the original in a safe but easily accessible place.

You should make relatives and friends aware that you have signed the document and the location where it is kept.