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 IC 16-36-1, except as otherwise specified below.

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

_____

_____

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

I do_____ I do not_____ authorize my health care representative to delegate decision making power to another.

Dated this _____ day of _____, 20_____

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 date noted above.

Signature of Witness: _____

Printed Name: _____

Address: _____

Phone Number: _____