

NEW YORK HEALTH CARE PROXY

1. DESIGNATION OF AGENT. I, _____ hereby appoint the following individual as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise:

Agent's Full Name

Agent's Address

City

State

Zip Code

Agent's Home phone

Agent's Work Phone

2. ALTERNATE AGENT. If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint the following individual as my alternate health care agent to make any and all health care decisions for me, except to the extent that I state otherwise:

Alternate Agent's Full Name

Alternate Agent's Address

City

State

Zip Code

Alternate Agent's Home phone

Alternate Agent's Work Phone

3. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE. This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.

4. AGENT'S AUTHORITY. (Check one)

Agent's authority is NOT limited. I direct my health care agent to make health care decisions in accordance with my wishes and instructions as otherwise known to him or her. I also direct my health care agent to abide by any limitations on his or her authority as otherwise known to him or her.

Agent's authority is limited. I direct my health care agent to make health care decisions in accordance with my wishes and instructions as stated in this Health Care Proxy. I also direct my health care agent to abide by any limitations on his or her authority as stated in this Health Care Proxy.



Special Instructions: _____

5. EXPIRATION. Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall (Check one) remain in effect indefinitely expire _____.

6. PRINCIPAL'S SIGNATURE. Your Identification:

Principal's Signature **Date**

Principal's Name

Principal's Address

City State Zip Code

7. STATEMENT BY WITNESSES. I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

First Witness

Witness Signature **Date**

Witness Name

Witness Address

City State Zip Code

Second Witness

Witness Signature **Date**

Witness2 Name

Witness Address

City State Zip Code

