

Massachusetts Health Care Proxy Form Instructions

How do I fill out the form?

Section 1

At the top of the form, print your full name and address. Print the name, address, and phone number of the person you choose as your Health Care Agent. (Optional: If your Agent might not be available at any future time, you may name a second person as an Alternate Agent.)

Section 2

Review the authority outlined for your Agent to make health care decisions on your behalf and sign the form. Setting limits on your Agent's authority might make it difficult for your Agent to act for you in an unexpected situation. If you want your Agent to have full authority to act for you, leave the limitations space blank. However, if you want to limit the kinds of decisions you would want your Agent or Alternate Agent to make for you, include them in the blank. *Note if you are physically unable, have someone other than either witness sign your name at your direction. The person who signs your name for you should put his/her own name and address in the spaces provided.*

Section 3

Have your witnesses enter the date, sign their names and print their contact information. Please note that your witnesses cannot be: (1) related to you by blood or marriage, (2) cannot be someone who has or may have any claim on your estate, (3) cannot be entitled to any portion of your estate by any Will or by operation of law, and (4) cannot be a direct member of your healthcare clinical team. They must also be aware that they are signing that they are NOT aware of any constraint or undue influence being exercised upon you to sign the proxy form.

Who should have the original and copies?

The patient should always keep the original and make several copies, giving a copy to each of your medical providers (clinicians and hospitals) as well as other important contacts (e.g., family members). Your agent should also be given a copy.

How can I revoke or cancel the document?

Your Health Care Proxy is revoked when any of the following four things happens:

1. You sign another Health Care Proxy later on.
2. You legally separate from or divorce your spouse who is named in the Proxy as your Agent.
3. You notify your Agent or your health care provider (orally, in writing, or by some other actions) that you want to revoke your Health Care Proxy.
4. You do anything else that clearly shows you want to revoke the Proxy, for example, tearing up or destroying the Proxy, crossing it out, telling other people, etc.

Health Care Proxy Form

(1). I, _____, born on, _____
Print Principal Name Date of Birth

residing at _____
Address

appoint as my Health Care Agent: _____
Print Health Care Agent Name

Telephone # E-mail

OPTIONAL: If agent is unwilling or unable to serve, then I appoint: _____
Print Alternate Agent Name

Telephone # E-mail

(2) I hereby direct my Agent to so act as my healthcare proxy to have full power, authority and discretion to make any and all health care consultation, treatment, and/or care coordinating decisions for me regarding my own medical and/or mental health care, including decisions about life sustaining medical treatment, without any limitations. I further declare that this declaration shall be honored by my family and my health care providers as the final expression of my desires regarding my future care. I hereby further expressly revoke any and all Health Care Proxies that may have been signed prior to this Proxy. The determination regarding my ability to make health care decisions is to be made by my treating healthcare provider and shall contain his/her medical opinion regarding the anticipated duration of said lack of capacity. Furthermore, I hereby agree that any third party receiving a copy of this instrument via mail, fax, or other electronic means, shall so act hereunder. I agree to hold harmless any such third party from and against any and all claims that may arise by reason of having relied on the provisions of this instrument. Unless so listed here, the limitations on my Agent's authority shall include:

Principal Signature Date

As the Principal is unable to sign, but can otherwise indicate their intent, I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

Signature (Print Name) Date

Address

(3) Witness Statement

We hereby witness this declaration and attest that we have met Principal and believe they are of sound mind. We declare under penalty of perjury under the laws of the Commonwealth of Massachusetts that the foregoing is true and correct in our presence this _____ day of _____, 20____.

Witness Signature #1 (Print Name) Date

Address

Witness Signature #2 (Print Name) Date

Address