

POA – FREQUENTLY ASKED QUESTIONS

February 5, 2015

POA = ADVANCE HEALTH CARE DIRECTIVE

Healthcare Power of Attorney

A healthcare agent is a person whom you are trusting to make medical decisions on your behalf if you can't make them for yourself.

Choosing your agent is an important decision, and you should think carefully about who you want to assume this responsibility. This person may one day be deciding whether or not life support measures will be in your best interests or determining exactly how your personal and religious values would impact other treatments.

A legal document that appoints a healthcare agent is sometimes called a "healthcare power of attorney" or "advance health care directive".

If you can't make decisions on your own, a healthcare agent can make them for you even if you are not terminally ill or in an irreversible coma.

This goes farther than a living will.

A healthcare power of attorney also protects your interests if a hospital does not honor your living will completely.

In some cases, living will provisions are combined with a healthcare power of attorney.

You can also nominate an alternate healthcare agent, who will assume responsibility if your first choice can't do so or refuses to perform.

ADVANCE HEALTH CARE DIRECTIVE

(California Probate Code Section 4701)

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part I lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.) Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

1. Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
2. Select or discharge health care providers and institutions.
3. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
4. Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all
5. other forms of health care, including cardiopulmonary resuscitation,
6. Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you give specific instructions about any aspect of your personal care, should you desire to do so. You may make other choices and should not sign this form until you are satisfied that the instructions in Part 3 express your wishes and not the wishes of any other person. If you are satisfied to allow your agent to determine what personal care is best for you, you need not include Part 3 of this term.

Part 4 of this form contains miscellaneous provisions regarding your advance directive. After completing this form, sign and date the form at the end and have your signature notarized. You may wish to give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace the form at any time.