

Instructions for Completing and Signing Ohio Health Care Power of Attorney

HEALTH CARE POWER OF ATTORNEY – Designates an agent (or attorney-in-fact) to make medical decisions on your behalf in the event you cannot make a decision for yourself. A Power of Attorney is designed to avoid the need for a court guardianship proceeding if you lose the capacity to make an informed decision.

Page 1

In the first blank, please print your full name, as it appears on your driver's license.

In the blank space on the second row, you need to print your date of birth.

Page 3

Place the name of the person you want to make decisions for you, your relationship to that person, that person's address and telephone number at the top of the page.

Below the Agent's contact information, place your initials in the box to designate your agent and authorize that person to obtain your protected health care information.

At the bottom of page three, include the name, relationship, address and telephone of any alternate agents you want to name in the event your primary agent is unable or unwilling to act on your behalf.

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Place your initials in the *Special Instructions* box—this declaration applies only if you do not have an active Living Will Declaration (or your Living Will Declaration is missing/unavailable), and it authorizes your Agent to inform your physician that you want artificial nutrition and hydration withdrawn if you are in a permanently unconscious or terminally ill condition.

If you have any additional instructions for your physician, include them in the box at the bottom of the page (if you have no additional instructions, write "None" in the box).

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Place your initials in the box in the middle of the page if you would want the persons you have named as Agent and alternates to serve as guardian of your person if a guardianship proceeding is required. If you initial in the box, draw an "X" through the lines at the bottom of the page. Guardian of the person makes health-related decisions on your behalf, if needed.

However, if you would choose to name separate people to serve as guardian of your person other than your named agents, place their contact information on the lines at the bottom of the page.

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Guardian of the estate is a person appointed to make your *financial* decisions in the event a guardianship proceeding is required. Place your initials in the first box if you would want to appoint your named Agent and alternates to serve as guardian of your person, and draw an "X" through the lines below where you would list a separate person. If you would choose to name separate people to serve as guardian of your person other than your named agents, place their contact information on the lines underneath the first box.

Place your initials in the second box (middle of the page) to waive the requirement that your guardian would be required to post bond in order to serve as guardian of your estate.

Check the appropriate box at the bottom of the page where you have or do not have a Living Will.

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In the middle of the page, write in the current date and the city in which you are signing, and sign your name above the line for *Principal*.

***You must sign your name in BLUE ink either in front of two independent witnesses, or a notary public. Witnesses must provide their printed name and address.**

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Either your two witnesses or your notary public will complete page 9. The witnesses must provide their addresses, printed name, and the current date. The notary public will fill in the Notary Acknowledgment at the bottom of the page.