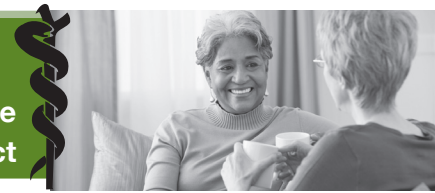


# Notice to the Individual Signing the Power of Attorney for Health Care

This form meets the requirements of the Illinois Power of Attorney for Health Care Act



**N**o one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make medical decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your “Health Care Power of Attorney Agent.” Your agent is the person you trust to make medical decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to record your choice of agent in writing. The written form is often referred to as an “advance directive.” You may use this form or another form, as long as it meets Illinois’ legal requirements.

There are many printed and online resources\* to guide you and your loved ones in having a conversation about these issues. You may find it helpful to explore these resources while thinking about and discussing your advance directive.

## What are the things I want my health care agent to know?

Your agent will need to think about conversations you have had, your personality and how you handled important issues in the past. It is important to talk with your agent and your family about such things as:

- What is most important to you in your life?
- How important is it to you to avoid pain and suffering?
- If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?
- Would you rather be at home or in a hospital for the last days or weeks of your life?
- Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?

\*For more online resources, go to [www.isms.org](http://www.isms.org)

## What kind of decisions can my agent make?

If there is ever a period of time when your doctor determines that you cannot make your own medical decisions, or if you don’t want to make your own decisions, your health care agent can, unless you specify otherwise:

- Talk with physicians and other health care providers about your condition.
- See medical records and approve who else can see them.
- Give permission for medical tests, medicines, surgery or other treatments.
- Decide about treatments designed to keep you alive if you are near death or not likely to recover.
- Choose where you receive care and which physicians and others provide it.
- Agree or decline to donate your organs if you have not already made this decision yourself.
- Decide what to do with your remains after you have died if you haven’t already made plans.
- Talk with your other loved ones to help come to a decision (but the agent has the final say).

## Whom should I choose to be my health care agent?

You can pick a family member, but you don’t have to. Your health care agent will have the power to make medical treatment decisions together with your physician and other professionals, even if other people close to you might urge a different decision. Choose a family member or friend who:

- Is at least 18 years old.
- Knows you well.
- You trust to do what is best for *you* and is willing to carry out *your* wishes, even if your agent may not *agree* with your wishes.
- Would be comfortable talking with and questioning your physicians and other health care providers.
- Would not be too upset to carry out your wishes if you became very sick.
- Can be there for you when you need it, and is willing to accept this important role.

If the person who is your first choice is unable to carry out this role when the time comes, you can choose one or more “back-up” agents. Your back-up agents can act only one at a time and in the order you list them.

### **What will happen if I do not choose a health care agent?**

If you are too sick to make your own medical decisions, and have not named an agent in writing, your physician and other health care providers will ask a close family member, friend or guardian to make decisions for you. In Illinois, the law directs the order in which these individuals will be consulted. In that law, the individual chosen is called a “surrogate.”

There are reasons why having to rely on a surrogate may be a problem:

- The person/people listed by this law may not be who you would want to make decisions for you.
- Some family members or friends might not be able or willing to make decisions as you would want them to.
- Family members and friends may disagree with one another about the best decisions.
- A person named by the law cannot *legally* make all of the decisions that may be needed. *Some decisions may have to be made by someone appointed by a judge, possibly someone who does not know you at all, if you have not named a health care agent.*

### **What if there is no one available whom I trust to be my health care agent?**

In this situation, it is especially important to talk to your doctor and other health care providers and create written guidance about what you want or do not want in case you are ever critically ill and cannot express your own wishes. You can complete a Living Will. You can also write your wishes down and/or discuss them with your doctor or other healthcare provider and ask them to write it down in your chart. You might also want to use online or printed resources\* to guide you through this process.

\*For more online resources, go to [www.isms.org](http://www.isms.org)

### **What do I do with this form once I complete it?**

- Sign the form in front of a witness. See the form for a list of who can and can't witness it.
- Ask the witness to sign it, too.
- The form does not have to be notarized.
- Give a copy to your agent and to each of your back-up agents.
- Give another copy to your doctor.
- Take a copy with you when you go to the hospital.
- Show it to your family and friends and others who care for you.

### **What if I change my mind?**

You may change your mind at any time. If you do, tell someone who is at least 18 years old you have changed your mind and/or destroy your document and any copies. If you wish, fill out a new form and date and sign it with a witness. Then make sure everyone you gave the old form to has a copy of the new one.

**You are not required to use this form. There are other forms that can be used in Illinois, including a form written by the Illinois legislature. If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.**





## My Power of Attorney for Health Care

This form meets the requirements of the Illinois Power of Attorney for Health Care Act.

This Power of Attorney revokes all previous Powers of Attorney for Health Care

You must sign this form and a witness must also sign it before it is valid.

**My name:** \_\_\_\_\_  
(Print your full name.)

**My address:** \_\_\_\_\_

**I want the following person to be my health care agent:**

(I understand that I cannot choose my physician or health care provider to serve as my agent.)

\_\_\_\_\_  
(Print Agent name)

\_\_\_\_\_ (Agent address) \_\_\_\_\_ (Agent phone number)

**My agent can [please check all that apply]:**

- Make decisions for me **only when I cannot make them for myself.** The physicians taking care of me will determine when I lack this ability.
- Make decisions for me starting **now and continuing after I am no longer able to make them for myself.** While I am still able to make my own decisions, I can still do so if I want to.
- Stop or withhold all treatments that might be used to prolong my life if I reach a point where my doctors believe that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings. Treatments I would not want if I were to reach this point include but are not limited to tube feedings or fluids through a tube, breathing machines, CPR, and antibiotics.
- Make decisions to prolong my life to the greatest extent possible in accordance with reasonable medical standards, no matter how sick I am or how unlikely my chances for recovery.
- Make decisions to not prolong my life nor request life-sustaining treatment to be used if my health care agent thinks the burdens of the treatment will probably be greater than any benefits.
- Request, consent to, or withdraw treatment for any physical or mental condition, including life-and-death decisions.
- Admit me to or discharge me from any hospital, home, or other institution.
- Have the same access to my medical records as I have, and share them with others as needed, including after I die.
- Make decisions about my remains after I die.
- Make decisions about donation of my organs, tissue, eyes, and any other anatomical gift.
- Carry out the plans I have already made.
- Specific limitations to my agent's decision-making authority: \_\_\_\_\_

\_\_\_\_\_  
**My printed name:**

\_\_\_\_\_  
**My signature:**

\_\_\_\_\_  
**Today's date:**

**Have your witness agree to what is written below, then complete the signature portion:**

- I am at least 18 years old.
- I saw this document being signed or the signer told me this is his/her signature or mark.
- I am not the agent or back-up agent(s) named in this document.
- I am not related to the signer, the agent, or the back-up agent(s) by blood, marriage or adoption.
- I am not the signer’s physician or mental health service provider or one of their relatives.
- I am not an owner or operator (or the relative of an owner/operator) of the health care facility where the signer is a patient or resident.

Witness printed name: \_\_\_\_\_

Witness address: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Today’s date: \_\_\_\_\_

Optional: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.

**Specimen signatures  
of agent and successors**

**I certify that the signatures of my  
agent and successors are correct.**

\_\_\_\_\_  
(agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(agent)

\_\_\_\_\_  
(principal)

\_\_\_\_\_  
(agent)

\_\_\_\_\_  
(principal)

**Back-Up Health Care Agent(s) (optional):**

Only one person at a time can serve as my agent. If the first person is unable or does not want to act as my agent, then I request the people named below to be my health care agent, one at a time, in the order named (add another page if you want to add more back-up agent names):

\_\_\_\_\_

\_\_\_\_\_  
(BACK-UP AGENT #1 name, address and phone number)

\_\_\_\_\_

\_\_\_\_\_  
(BACK-UP AGENT #2 name, address and phone number)