Written Appointment of a Healthcare Representative

Riverview HEALTH

I, _____, voluntarily appoint_____, whose telephone number and address are _____, as my healthcare representative and who is authorized to act for me in all matters of healthcare in accordance with I.C16-36-1-1 et. Seq., except as otherwise specified below. If _____ cannot or is unwilling to serve, I hereby appoint _____, whose telephone number and address are _____, as my substitute representative hereunder. This appointment is to be exercised in good faith and in my best interest, subject to the following terms and conditions (if any):

_____

_____

I do/do not (circle one) hereby further authorize my healthcare representative as follows:

I authorize my healthcare representative to make the following decisions in my best interest concerning withdrawal or withholding of healthcare. If at any time, based upon my previously expressed preferences and the diagnosis and prognosis, my healthcare representative is satisfied that such healthcare is not or would not be beneficial, or that such healthcare is or would be excessively burdensome, my healthcare representative may express my will that such healthcare be withheld or withdrawn and may consent on my behalf that any or all healthcare be discontinued or not instituted, even if death may result. My healthcare representative must try to discuss this decision with me. However, if I am unable to communicate, my healthcare representative may make such a decision for me, after consultation with my physician or physicians and other relevant healthcare givers. To the extent appropriate, my healthcare representative may also discuss this decision with my family and others to the extent they are available.

This appointment becomes effective and remains effective if I am incapable of consenting to my healthcare. I do/do not (circle one) authorize my healthcare representative hereby appointed to delegate decision-making power to another.

Dated this _____ day of _____, _____at _____.
Day Month Year Time

_____
Signature of Appointer

_____
Address

_____
Telephone Number

I declare that I am an adult at least eighteen (18) years of age and that, at the request of the above-named individual making the appointment, I witnessed the signing of this document by the Appointer on the date stated above and that I am not the healthcare representative so appointed.

_____ _____
Signature of Witness Printed

_____ _____
Address Telephone Number