

MASSACHUSETTS HEALTH CARE PROXY INFORMATION, INSTRUCTIONS & FORM

Health Care Proxy Information

A Health Care Proxy is a legal document that designates a family member or friend to make critical health care decisions on your behalf, whenever you are unable to make or communicate those decisions yourself. If, for example, you become temporarily unconscious, are in a coma, or have suffered a stroke that leaves you unable to make decisions about your own care, your designated Health Care Agent is empowered to decide for you. Because the person you assign can make serious decisions - often life or death decisions - it is crucial to choose someone you trust and who knows your wishes about treatment.

Who can I select as my Health Care Agent?

Under the Health Care Proxy Law (Massachusetts General Laws, Chapter 201D), any competent adult 18 years of age or over may use this form to appoint a Health Care Agent. You (known as the "Principal") can appoint any adult **EXCEPT** the administrator, operator, or employee of a health care facility such as a hospital or nursing home where you are a patient or resident **UNLESS** that person is also related to you by blood, marriage, or adoption.

Selecting a Health Care Agent is a very important decision. It is important that the person you select to be your Health Care Agent is someone who you trust to make difficult health care decisions according to your wishes and your religious or moral beliefs. In order for your Health Care Agent to make decisions according to your wishes and beliefs it is necessary to discuss your wishes and beliefs with that person. If your Health Care Agent does not know what your wishes would be for a specific health care decision, your Agent will decide based upon what is in your best interest.

Advance Directive Policy

Policy: It is the policy of Hallmark Health System to recognize our patient's right to designate a Health Care Agent to make health care decisions in the event that the patient is unable to make such necessary decisions. The designation of a Health Care Agent shall be made using a properly completed health care proxy. The health care proxy shall become effective when the attending physician determines that the patient is unable to make his/her own decisions.

Definitions:

1. Health Care Proxy - A legally recognized document delegating the authority to make health care decisions to an agent when the patient no longer has the capacity to make his/her health care decisions.
2. Attending Physician - The physician, selected or assigned to a patient, who has primary responsibility for the treatment and care of the patient, in whatever setting medical diagnosis or treatment is rendered.
3. Health Care Decision made under a health care proxy - A decision which is consistent with limitations in the health care proxy and is consistent with responsible medicine.
4. Health Care Agent - The person designated by the Health Care Proxy.

Instructions

On the following form, fill it out as directed:

1. Write your name and home address.
2. Write the name of the person that you have chosen to be your Health Care Agent and their home address and telephone number.
3. **Optional:** You may write the name of a second Health Care Agent, their home address and phone number here. This alternative Health Care Agent will be called if your primary Health Care Agent is unable or unwilling to serve. You do not have to have a second agent.
4. If you have special directions or wish to limit your Agent's authority write them here. Please understand that limiting the authority of your Health Care Agent may make it difficult for your Health Care Agent to act on your behalf. If you do not wish to set limits on your Health Care Agent's authority, please leave this section blank.
5. You must sign and date the form in front of your witnesses. If you can not sign yourself, someone can sign for you. If you are assisted with signing the form, the person who helps you needs to fill in their name and address.
6. Statement by Witness: The form must be signed by 2 adults (over the age of 18) to be legal. Your agent or second agent cannot be a witness to this form. Please have your witnesses print their names and addresses in the space provided.

Who should have a copy of my Health Care Proxy?

You should keep the original Health Care Proxy in a location that is easily accessible. Copies of your Health Care Proxy should be given to your doctor who will put it in your medical record. Give copies to your Health Care Agent and to your Alternate if you have one. If you wish you can give additional copies to your family, clergy and/or lawyer or anyone else involved in your health care decision making.

Can I revoke my Health Care Proxy?

Yes, there are a number of ways that you can revoke your Health Care Proxy. Your Health Care Proxy is revoked when any one of the following happens:

1. You sign another Health Care Proxy at a later date.
2. You legally separate from or get divorced and your husband/wife was named as your Health Care Agent.
3. You notify, either in writing or orally, your doctor, your Health Care Agent or other health care provider that you want to revoke your Health Care Proxy.
4. You take any action that clearly indicates that you want to revoke your Health Care Proxy. Examples of such actions are telling people, destroying your Health Care Proxy, crossing out parts of it or other such actions.

HALLMARK HEALTH SYSTEM

MASSACHUSETTS HEALTH CARE PROXY

I, _____, born on _____ and residing at _____
(Principle - Print Your Name) (DD/MM/YYYY) (Street) (City, State, Zip)

Appoint as my Health Care Agent _____
(Name of person you name as agent)
_____ of _____ ☎ _____
(Street) (City, State, Zip) (Telephone number)

Alternate – Optional (Enter Name/Address/Telephone number of alternate)

Appoint as my Alternate Health Care Agent _____
(Name of person you name as agent)
_____ of _____ ☎ _____
(Street) (City, State, Zip) (Telephone number)

My Health Care Agent shall have the authority to make any and all health care decisions on my behalf including decisions about life-sustaining treatment subject to any limitations as stated below:

My Health Care Agent's authority becomes effective after a determination is made that I lack the capacity to make or communicate health care decisions. Such determinations shall be made in writing by the attending physician according to accepted standards of medical judgment.

I direct my Health Care Agent to make health care decisions based upon my Health Care Agent's assessment of my personal wishes. If my personal wishes are unknown, my Health Care Agent is to make health care decisions based upon my her/his assessment of my best interests.

(Signature of Principal) (Date)

(Complete this section only if Principal is physically unable to sign) I have signed the principal's name above at His/her direction in the presence of the Principal and two witnesses.

(Name) (Street/City/State/Zip)

THE REVERSE SIDE MUST BE COMPLETED TO COMPLETE THIS FORM.

We, the undersigned witnesses, each declare and affirm that we know the identity of the person who signed this Health Care Proxy, we have knowledge that the person is eighteen years of age, or lacking such knowledge the person appears to be at least eighteen years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent in this document. Both of us have witnessed the signature by the person who signed this Health Care Proxy, or witnessed it signed at the person's direction, in our presence of each other this:

_____ day of _____, _____

Witness #1 _____

(signature)

Name: (Please Print) _____

Street Address

Street Address

City, State, Zip

Witness #2 _____

(signature)

Name: (Please Print) _____

Street Address

Street Address

City, State, Zip