Appointing Your Health Care Agent in New York State

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including those concerning the administration of laws or regulations relating to health care treatment, unless you say otherwise in this form. *Health care* means any treatment, service or procedure to diagnose, treat or cure your mental or physical condition.

2. Your agent must understand the way in which art names applies your writings to your own health care decisions, as if the agent were you. You may give the person you choose as your agent the authority to make health care decisions on your behalf, whether or not you are in New York State. You may also give the person you choose as your agent the authority to make decisions about your life support system or to make decisions about your life support system in New York State.

3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

4. You must write on this form examples of the types of treatments that you would not desire and those treatments that you want to maintain. The instructions may be used to limit the decision-making power of your agent. Your agent will not be able to refuse or consent to those measures for you.

5. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

6. You must write on this form examples of the types of treatments that you would not desire and those treatments that you want to maintain. The instructions may be used to limit the decision-making power of your agent. Your agent will not be able to refuse or consent to those measures for you.

7. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

8. You must write on this form examples of the types of treatments that you would not desire and those treatments that you want to maintain. The instructions may be used to limit the decision-making power of your agent. Your agent will not be able to refuse or consent to those measures for you.

9. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

10. You must write on this form examples of the types of treatments that you would not desire and those treatments that you want to maintain. The instructions may be used to limit the decision-making power of your agent. Your agent will not be able to refuse or consent to those measures for you.

11. Appointing a health care agent is voluntary. No one can require you to appoint one.

12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

Frequently Asked Questions

Why should I choose a health care agent?

If you are no longer able to make health care decisions, someone else must decide for you. Health care agents have authority to make decisions on your behalf and to make health care decisions for you, whether or not you are in New York State. You may appoint a health care agent to make health care decisions for you, whether or not you are in New York State. You may also appoint a health care agent to make decisions about your life support system or to make decisions about your life support system in New York State.

How do I appoint a health care agent?

All health care agents must be appointed by a written instrument. This instrument must be signed by the person who appoints the agent and the agent being appointed. The instrument must be witnessed by two people who are not related to the person being appointed. You may appoint more than one agent or appoint a health care agent and a power of attorney for health care.

Who can sign on behalf of a minor?

A parent or legal guardian can sign on behalf of a minor. If a child is 18 or older, the agent may sign on behalf of the child. If a child is under 18, the agent must obtain written permission from a parent or legal guardian.

What if there is a dispute about the decision made by your health care agent?

If there is a dispute about the decision made by your health care agent, you may have the right to make a decision about whether or not to allow the health care agent to make decisions for you. You may also have the right to make a decision about whether or not to allow the health care agent to make decisions about your life support system or to make decisions about your life support system in New York State.
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CONTINUITY OF CARE

(1) I, hereby appoint ____________________________
(name, home address and telephone number) as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent
If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint ____________________________
(name, home address and telephone number) as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent’s authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (please print)
Your Name ____________________________
Your Signature ____________________________ Date __________
Your Address ____________________________

(6) Optional: Organ and/or Tissue Donation
I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

☐ Any needed organs and/or tissues
☐ The following organs and/or tissues ____________________________

☐ Limitations ____________________________

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature ____________________________ Date __________

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