## Durable Power of Attorney for Health Care

Ι, _	, living in the city of, in the county of
	, in the state of, designate as my
At	torney-in-Fact, to act for me if I become unable to communicate for myself. I hereby cancel all
he	alth-care powers of attorney previously granted by me.
1.	Alternate Attorney-in-Fact. If for any reason fails to act, or is not able to act, I designate,
	Alternate Attorney-in-Fact, to serve in the order named. An attorney-in-fact may resign by (giving) written notice to that effect, in recordable form, to an alternate, successor, or co-
	attorney-in-fact. In this Power of Attorney, the "attorney-in-fact" means the then-acting attorney-in-fact.
2.	<i>Power to Make Health-Care Decisions.</i> My agent for health-care decisions shall have the following powers:
	<ul> <li>To make health-care decisions on my behalf if I am unable to do so, including giving informed consent to health-care providers. Included in this power is the authority to make decisions about life-prolonging medical procedures, such as (but not limited to) a respirator, placement or removal of tubes to provide nutrition or hydration, antibiotics, and cardiopulmonary resuscitation.</li> </ul>
	<ul> <li>I intend my agent to have the authority to consent to giving, withholding or stopping my health-care treatment, service or diagnostic procedure. All of this is to be in keeping with my instructions below or in my Health-Care Directive to Physicians (Living Will).</li> </ul>
	Instruction:
3.	<i>Effectiveness.</i> This Power of Attorney shall become effective upon my incapacity. Incapacity includes the failure to make health-care decisions effectively for reasons such as mental illness, mental deficiency, incompetency, physical illness or disability, advanced age, chronic use of drugs, or chronic use of alcohol. Incapacity may be determined by: (a) a court order, or (b) a written statement by a qualified, regularly attending doctor, who shall be certain of

4. *Duration.* This Power of Attorney becomes effective as provided in Section #1 above, and shall remain in effect to the fullest extent permitted by Chapter 11.94, RCW, or until canceled or removed as provided in Sections #5 or #6 on the next page.

my incapacity. Any person dealing with the attorney-in-fact may use this statement without

question.



5.	Cancellation. The Power of Attorney may be canceled, suspended, or removed by written notice from me to the designated attorney-in-fact and, if this power has been recorded, by recording this notice in the office where deeds are recorded for real estate located in County, Washington.	
6.	<i>Termination.</i> If appointed, my guardian may, with court approval, cancel, suspend, or remove this Power of Attorney.	
7.	<i>Trust.</i> Any person dealing with the assigned attorney-in-fact shall be entitled to trust this Power of Attorney to carry out my wishes for health care. No one shall deal with this Power of Attorney if they know or have written notice of any cancellation, suspension or removal of the Power of Attorney. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on my relatives or inheritors of my estate.	
8.	<i>Indemnity.</i> My estate shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith.	
9.	<i>Applicable Law.</i> The internal law of the State of Washington shall govern this Power of Attorney.	
10.	<i>Optional.</i> I understand this document only authorizes the above-named person to make decisions for me based on my health-care needs. Therefore, if at some time, I should require a Guardian or Limited Guardian to make other decisions for me regarding my estate or person, I nominate, or in the alternative,	
11.	<i>Execution.</i> This Power of Attorney is signed on the day of, 2, to be effective as provided in Section 3 above.	
12.	<i>Certification.</i> I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
	SIGNATURE DATE PLACE	
Important Note: This Durable Power of Attorney for Health Care should be made a part		

**Important Note:** This Durable Power of Attorney for Health Care should be made a part of the Medical Record retained by your attending doctor. Keep a copy for yourself and provide a copy to your attorney-in-fact, close family members, and your lawyer, if you have one.

(This document is provided as a community service by Swedish Medical Center, Seattle, Wash., which recommends independent legal counsel be sought for any specific legal ramifications of this document.)

