A Power of Attorney

for My Health Care

Kimble Center
FOR LEGAL DRAFTING

WMU–Cooley Law School

An easy-to-use form for naming someone to be your medical agent in Michigan

WriteMark®
Plain Language Standard

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Who can make medical decisions for me

Introduction

This document is sometimes called an "advance medical directive."

It is intended for use in Michigan.

What this document does

Who do you want to make health-care decisions for you if you cannot speak for yourself? In this document, you answer that question by:

- naming someone to be the agent for your health care, and
- describing their powers to make decisions.

Choose someone who will do as you want when the time comes, even if others disagree. **Make sure to talk to your agent (and any backup agents) about this important role and about your wishes — because your agent will be following your wishes.**

How this document is organized

Different parts below are for different people:

- **Section A** (pages 2 through 8) is for you to read, fill out in places, and sign.
- **Section B** (pages 9 and 10) is for the people who act as your witnesses to sign.
- **Section C** (pages 11 and 12) is for your agent and any backup agents to read and sign.

The shaded boxes will help guide you in places.

How to use this document

You should fill in this form carefully. After you, your witnesses, and your agents have signed it:

- Give a copy to your doctor, your health-care facility (if possible), and each agent.
- Keep a copy at home in a place where someone can easily get it if needed.
- From time to time, review what you have written.

You can cancel this document at any time. And you can do a new one.

This document does not give legal advice.

Section A
About my power of attorney

Look through the document to understand the powers you are giving to your agent.

Choose an adult you can trust. You can change your mind later.

Print or write neatly.

1. Who I want to be my agent

Name of agent	
Relationship to me (Examples: spouse, sister, friend)	
Address	
Cell phone	
Other phone (if any)	
Email (optional)	

Go to the next page to name your backup agents

You do not have to appoint a backup, but it's a good idea — in case your main agent cannot act for some reason.

2. Who I want as my backup agents

If my main agent cannot or will not serve for any reason, I appoint the following as my backups. If my main agent is temporarily unavailable, the backups may serve — in the order below — until the main agent becomes available again. They have the same powers as my main agent.

When I say "agent" in this document, I mean the one who is acting on my behalf at the time a decision needs to be made.

Backup #1

Name of backup #1	
Relationship to me (Examples: spouse, sister, friend)	
Address	
Cell phone	
Other phone (if any)	
Email (optional)	

If your first backup cannot or will not serve when the main agent is unavailable, this person is your second choice.

Backup #2

Name of backup #2	
Relationship to me (Examples: spouse, sister, friend)	
Address	
Cell phone	
Other phone (if any)	
Email (optional)	

3. The powers and instructions that I give my agent

Powers

My agent has the authority to make decisions about my medical or mental-health care — the same way I could if I were able. That includes (this is not a complete list) the authority to:

- Agree to, refuse, or withdraw any treatment, procedures, or medication. (My instructions for life-support treatment are in Part 4 on page 5.)
- Get all my medical and mental-health records (I give a release under HIPAA, the federal privacy law).
- Sign a do-not-resuscitate order — an order not to try to revive me if my heart or breathing stops.
- Hire and fire medical professionals and other support personnel, using my assets.
- Admit me to, or discharge me from, any medical-care facility (even against medical advice) or any living facility, including hospice.
- Get legal and personal information, sign documents, and take legal action in my name — if any of these are reasonably needed for my medical or mental-health care.

Instructions

My agent must try to follow my wishes, as expressed in this document, in any other document, or in person. The main concern in making decisions should be my quality of life. My agent should weigh:

- how much benefit I would get from a treatment or procedure, and
- how long the benefit would last, and
- how much it would cost.

And always keep me as comfortable and pain-free as possible.

My agent should try to consult with my immediate family members if reasonably possible. But my agent — who I trust to make decisions in my best interests — has the final say in that regard.

I want my family, doctors, mental-health professionals, and everyone else concerned with my care to follow my agent's instructions.

4. Specific instructions for life-support treatment

There are three choices below. Put your initials after **one choice only**.

Choice 1

I do not want life-support treatment — such as artificial breathing, or getting food or water through tubes, or CPR (trying to restart my heart or lungs) — if any of these conditions exist:

- I have a terminal illness (I will not recover), and treatment would just artificially delay my natural death, or
- I am in a coma (I am unconscious), and my doctor reasonably believes that it cannot be reversed, or
- The burdens of treatment — considering my quality of life, my pain and suffering from the treatment, and the cost — would outweigh the benefit.

Knowing it could lead to my death, **I make choice 1.** Initials:

Choice 2

I want life-support treatment, but not if I am in an irreversible coma.

Knowing it could lead to my death, **I make choice 2.** Initials:

Choice 3

I want life-support treatment to the greatest extent possible consistent with sound medical practice — regardless of my condition, my chance for recovery, or the cost.

I make choice 3. Initials:

If I initial choice 2 or choice 3 above, I am limiting my agent's authority, but only for decisions about life-support treatment. I do not wish to limit my agent's authority in any other way.

Parts 5, 6, and 7 on the next two pages are optional.
You do not have to fill them out.

5. Specific instructions about treatment for mental-health care (optional)

Put your initials next to one or both if you agree.

For mental-health care only:

- My agent may consent to forcing me to take medication and to putting or keeping me in the hospital.

I agree _____

- I give up my right to immediately cancel my agent's authority to make decisions about mental-health treatment. If, at some point, I cancel this Power of Attorney for Health Care while I'm receiving mental-health care, my agent can still make those treatment decisions for 30 days.

I agree _____

6. Other specific instructions or limitations for my agent (optional)

This Part 6 controls — it overrides — if you write anything that conflicts with Part 3, 4, or 5. If you need more space, attach an extra page called "Addition to Part 6."

7. The power to donate my body or body parts (optional)

Put your initials next to one or both if you agree.

After my death, my agent has the authority to donate my body or any part or parts of it:

- For a transplant into another person

I agree ☐

- For education or research

I agree ☐

I have these instructions or limitations on this power to donate my body or body parts (optional):

8. When can my agent act?

My agent may act only if and while I cannot participate in making decisions about my medical or mental-health care. That determination must be made in writing by these professionals:

- In the case of mental-health treatment, by a doctor and a mental-health practitioner.
- In all other cases, by my attending doctor and by one other doctor or licensed psychologist.

9. What if none of my agents can act?

If I cannot participate in making decisions for my care and no agent or backup agent is available to act for me, the instructions in this document must be followed and treated as conclusive evidence of my wishes.

If you cancel this document, it's best to prepare a new one, destroy old copies, and tell anyone who had the old one to throw it away.

10. How long does this document last? Can I change my mind?

This document is to be treated as a Durable Power of Attorney for Health Care. It normally lasts until I cancel it (there are rare legal exceptions). I may cancel it at any time — regardless of my condition — by clearly communicating my intent to do so.

11. No legal liability for those who follow my agent's instructions

No one participating in my medical or mental-health treatment is to be held liable — that is, legally responsible — for following my agent's directions if they are consistent with the directions given in this document.

12. Other legal points

- Michigan law governs this document. It is intended to be valid in any jurisdiction where it is presented.
- If one provision in this document turns out to be invalid, the others remain in effect.
- A copy of this document has the same legal force as the original.

The witnesses named on page 10 should see you sign.

13. My signature

I am at least 18 years old. I understand this document and sign it voluntarily.

Name (print)	
Signature	
Address	
Date	

Section B
Statement and signature by witnesses

The witnesses are saying all these things about the patient, the person who signed this document.

In this part, "you" means the person who gave this Power of Attorney for Health Care and signed it.

As a witness, I declare that:

- You signed this document in front of me.
- You appear to be of sound mind.
- You appear to be signing of your own free will — and not because of any fraud or any improper pressure or influence on you.

I also declare that I am at least 18 years old and that I am:

- Not your medical agent.
- Not your spouse, parent, child, grandchild, brother, or sister.
- Not entitled (as far as I know) to benefit financially as your heir or from your will or trust.
- Not your health-care or mental-health-care provider, including a facility that provides these services to you.
- Not an employee of any of those providers.
- Not an employee of your health- or life-insurance company.

Go to the next page for witnesses to sign

Witness #1

Name (print)	
Signature	
Address	
Date	

Witness #2

Name (print)	
Signature	
Address	
Date	

Witness #3

Name (print)	
Signature	
Address	
Date	

You only need two witnesses, but having a third is a good idea in case one of them wasn't a proper witness for some reason.

Section C
Acceptance by agents

The agents must sign on the next page before they have the authority to act.

I, _____, agree to be the health-care agent

for _____, who is called "the patient" below.

I will take reasonable steps to follow the patient's wishes and instructions.

I understand and agree that:

- I must always follow the patient's wishes that I know about and act in the patient's best interests — even if others disagree.
- I can make medical or mental-health decisions for the patient only if they cannot make decisions on their own.
- I can only make decisions that the patient would have had the power to make on their own.
- I can stop or refuse to start life-support treatment only if the patient clearly:
  - gave me that power, and
  - acknowledged that the decision could or would result in their death.

  But I cannot stop or refuse to start life-support treatment for a patient who is pregnant if doing so would result in their death.
- I am not paid for carrying out my responsibilities, but I may be reimbursed for my actual and necessary expenses.
- The patient may give up their right to immediately cancel my power to make mental-health-treatment decisions. Then, if the patient cancels my appointment while they are receiving mental-health care, I can still make those treatment decisions for 30 days.
- A patient admitted to a health facility or agency has the rights set out in the public-health code, found in Michigan Compiled Laws 333.20201.
- The patient can cancel my appointment at any time and in any way that communicates an intent to cancel.
- I can cancel my appointment — and stop serving — at any time and in any way that communicates my intent to cancel.
- My authority to act ends when the patient dies, with one exception: if the patient gave me the authority to donate their body or body part, I can do that after the patient dies.

Go to the next page for agents to sign

Agent

Name (print)	
Signature	
Address	
Cell phone	
Other phone (if any)	
Date	

Backup Agent #1

Name (print)	
Signature	
Address	
Cell phone	
Other phone (if any)	
Date	

Backup Agent #2

Name (print)	
Signature	
Address	
Cell phone	
Other phone (if any)	
Date	