

Instructions for Completing Power of Attorney for Health Care

If you are printing the Power of Attorney and handwriting the answers, you will check the first box. If you are typing in your answers, you will check the second box.

- Printing the form and handwriting the answers.
- Completing the form electronically.

- a. You, the person giving power of attorney for health care authority to another, are the “principal.” Place your full name in the blank after “I” and before (*your name*).
- b. Your attorney in fact for health care is the person whom you are giving power of attorney authority for health care. Place your attorney in fact’s full name, address, and telephone number on the lines as indicated.

a. I, _____ (your name) name the following person as my attorney
in fact for health care:

Name: _____

b. Address: _____

Phone Number: _____

If you should so desire, a successor attorney in fact for health care can be appointed to act in case the original attorney in fact for health care is unable to act for you. If you would like to name a successor attorney in fact for health care,

- c. place the full name, address, and telephone number of the successor attorney in fact for health care on the lines as indicated.

SUCCESSOR TO POWER OF ATTORNEY FOR HEALTH CARE

If my agent (above) is unwilling or unable to act, I appoint the following person as my successor
power of attorney for health care:

c. Name: _____

Address: _____

Phone number: _____

- d. Initial each statement on the lines provided as an acknowledgment that you have read the statement and that you understand it.

By initialing the below, I acknowledge that I have read and understand each statement and the consequences of executing a power of attorney for health care.

d. _____ I authorize my attorney in fact for health care appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions

- e. You may direct your attorney in fact for health care to follow certain instructions or limitations. If you choose to do so, place those instructions or limitations on the line as indicated.

e. _____ I direct that my attorney in fact for health care comply with the following instructions or limitations:

- f. You may direct your attorney in fact for health care to comply with certain instructions on life-sustaining treatments (for example, respirators). If you choose to do so, place those instructions or limitations on the line as indicated.

f. _____ I direct that my attorney in fact for health care comply with the following instructions on life-sustaining treatment: (optional) limitations:

- g. You may direct your attorney in fact for health care to comply with certain instructions on artificially administered nutrition and hydration (for example, feeding tubes and intravenous fluids). If you choose to do so, place those instructions or limitations on the line as indicated.

g. _____ I direct that my attorney in fact for health care comply with the following instructions on artificially administered nutrition and hydration: *(optional)*

The Power of Attorney for Health Care form must be signed in the presence of TWO witnesses OR a notary to be valid. Do NOT sign the document UNTIL TWO WITNESSES OR A NOTARY ARE PRESENT AND THE WITNESSES OR NOTARY WITNESS YOU SIGNING THE DOCUMENT. Be sure to include the date you signed the document.

Signature of person making designation

Date

Do not sign this form until you are in the presence of either the two witnesses or a notary.

appointed as attorney in fact for health care by this document.
 Witnessed By:

_____ (Signature of Witness/Date)	_____ (Printed Name of Witness)
_____ (Signature of Witness/Date)	_____ (Printed Name of Witness)

OR

NOTARY
 State of Nebraska)
 [County] of _____) ss.

This document was acknowledged before me on _____ (Date)
 by _____ (Name of Principal)

 Signature of Notary (Seal, if any)
 My commission expires: _____

Power of Attorney for Health Care forms do not have to be filed with a court, however, it is very important to keep the form in a secure place where they will not be damaged. Additionally, it is very important that all people involved with the power of attorney for health care form are aware of the location of your form, for future reference.