

# HEALTH CARE PROXY

I, \_\_\_\_\_, hereby appoint

\_\_\_\_\_  
(Name) (Address) (Phone)

as my health care agent to make my health care decisions for me, except to the extent that I state otherwise. In the event that the person appointed above is unable, unwilling, or unavailable to act as my health care agent, I appoint:

\_\_\_\_\_  
(Name) (Address) (Phone)

as my alternate agent until such time as he/she becomes able, willing or available to act as my health care agent. This health care proxy shall take effect only in the event I become unable to make my own health care decisions. I direct my agent to make health care decisions in accord with my moral values, religious beliefs and wishes as follows, or as I have otherwise communicated them to him/her:

Those making decisions for me should be guided by my best interests and by the moral teachings of the Catholic Church. I desire to receive all care that is morally required by the teachings of the Church, and that nothing be done that is contrary to the teachings of the Church. I do not desire anything that will directly take my life, and that that no "extraordinary measures" be taken to unreasonably prolong my life in the face of imminent death. The term "extraordinary measures" should be understood according to the teaching of the Church -- medical procedures that are excessively burdensome, dangerous, or disproportionate to the expected outcome. I desire that all ordinary care, including the use of painkillers and assisted food and hydration, should be provided to me as required by the teachings of the Church. I authorize my agent to consent to a "Do Not Resuscitate" ("DNR") order if the administration of cardiopulmonary resuscitation (CPR) would be an extraordinary measure.

By this proxy, I direct my physicians, my other health care providers and others who may be authorized to collect and share my medical information to consider my health care agent as my personal representative under HIPAA and any other state or federal privacy law, and to treat requests made and instructions given by my health care agent as though they were made or given by me (insofar as the disclosure of such information or release of my medical records are concerned). My agent may execute any document to direct treatment in accord with my intentions. My agent may also admit me to a nursing home or other long-term care facility as my agent deems appropriate, and may sign on my behalf any document relating to my care as required by a physician or a hospital.

This proxy shall remain in effect indefinitely, unless I revoke it in writing or I execute a new Health Care Proxy.

Dated: \_\_\_\_\_  
Signature

**Witnesses:** The undersigned declare that the person who signed this document is personally known to them, and that he/she appears to be of sound mind and acting of his/her own free will. He/she signed this document in our presence. We are not the persons appointed as agents by this document.

_____ Signature	_____ Signature
_____ Address	_____ Address
_____ City, State	_____ City, State

## HOW TO EXECUTE A VALID HEALTH CARE PROXY

Here are instructions on how to use this form to execute a valid health care proxy under the laws of the State of New York:

1. Print your name, address, and telephone number, and print clearly the name, address and telephone number of the person you want to appoint as your health care agent (also known as the “proxy”) and your alternate proxy. Your alternate proxy will only have authority to act if your first choice is not available or cannot serve.
2. Your proxy cannot be an operator, administrator or employee of a hospital in which you are admitted, unless they are related to you. The doctor who is treating you cannot also serve as your proxy.
3. You must sign the proxy form in the presence of two witnesses. The document does not have to be notarized, and you do not need a lawyer.
4. The witnesses must be adults, and cannot be the same people whom you are appointing as your proxy – you need to pick two separate people to be your witnesses.
5. You can give your proxy instructions about the kinds of health care treatments you want, and those you do not want. You do not have to state these instructions in the health care proxy; you can inform your proxy about them orally, but it’s a better idea to do so in writing. This form contains written instructions that reflect the teachings of the Church regarding extraordinary treatments and assisted food and hydration.
6. Your proxy will not have authority to make decisions about nutrition and hydration unless you tell them your wishes about these measures. You do not have to state your wishes in the health care proxy; you can inform your proxy about them orally, but it’s a better idea to do so in writing. This form contains written instructions that reflect the teachings of the Church.
7. You can revoke your appointment of a proxy by notifying the proxy or your health care provider (orally or in writing), or by executing a new proxy form. Executing this form revokes your previous health care proxies.
8. It is advisable to execute two original health care proxies – one should be kept with your important documents, and the other should be given to your proxy.