Part I. Durable Power of Attorney for Health Care

• If you do *NOT* wish to name an agent to make health care decisions for you, write your initials in the box to the right and got to Part II.

_____
Initials

This form has been prepared to comply with the "Durable Power of Attorney for Health Care Act" of Missouri.

---

1. Selection of Agent. I appoint:

Name: _____

Address: _____

_____

Telephone: _____

as my Agent.

It is suggested that only one Agent be named. However, if more than one Agent is named, any one may act individually unless you specify otherwise.

2. Alternate Agents. Only an Agent named by me may act under this Durable Power of Attorney. If my Agent resigns or is not able or available to make health care decisions for me, of if an Agent named by me is divorced from me or is my spouse and legally separated from me, I appoint the person(s) named below (in the order named if more than one):

First Alternate Agent

Name: _____

Address: _____

_____

Telephone: _____

Second Alternate Agent

Name: _____

Address: _____

_____

Telephone: _____

THIS IS A DURABLE POWER OF ATTORNEY, AND THE AUTHORITY OF MY AGENT, WHEN EFFECTIVE, SHALL NOT TERMINATE OR BE VOID OR VOIDABLE IF I AM OR BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

Instructions for Completing Part I. (Continued)

In **Section 3 Effective Date and Durability** the form lets you choose whether one or two doctors need to certify that you are incapacitated. Incapacitated means that you are no longer able to make decisions for yourself and it is time for your agent to act.

Choose whether you want one or two physicians to decide whether you are incapacitated.

If you want two doctors to decide that you are incapacitated, do *not* write anything in this section.

If you want one doctor to decide that you are incapacitated, write your initials in the shaded box above the line that says “initials” to the right of the statement “If you want one physician instead of two to decide whether you are incapacitated, write your initials in the box to the right.” that is found in Section 3.

In **Section 4 Agent’s Powers** you decide whether or not your agent can make decisions concerning withholding or withdrawing artificially supplied nutrition and hydration. Please indicate your decision in the space provided.

Part I. Durable Power of Attorney for Health Care (Continued)

3. Effective Date and Durability. This Durable Power of Attorney is effective when **two** physicians decide and certify that I am incapacitated and unable to make and communicate a health care decision.

• If you want ONE physician, instead of TWO, to decide whether you are incapacitated, write your initials in the box to the right.

_____
Initials

4. Agent's Powers. I grant to my Agent full authority to:

A. Give consent to, prohibit or withdraw any type of health care, medical care, treatment or procedure, even if my death may result.

- **If you wish to AUTHORIZE your Agent to direct a health care provider to withhold or withdraw artificially supplied nutrition and hydration (including tube feeding of food and water), write your initials in the box to the right.**

_____
Initials

- **If you DO NOT WISH TO AUTHORIZE your Agent to direct a health care provider to withhold or withdraw artificially supplied nutrition and hydration, (including tube feeding of food and water), write your initials in the box to the right.**

_____
Initials

B. Make all necessary arrangements for health care services on my behalf, and to hire and fire medical personnel responsible for my care;

C. Move me into or out of any health care facility (even if against medical advice) to obtain compliance with the decisions of my Agent; and

D. Take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any health care provider, and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney.

5. Agent's Financial Liability and Compensation. My Agent acting under this Durable Power of Attorney will incur no personal financial liability. My Agent shall not be entitled to compensation for services performed under this Durable Power of Attorney, but my Agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision hereof.

Instruction for Completing Part II.
Health Care Directive

If you decide not to complete the Health Care Directive (Part II), write your initials above the line that says “initials” in the shaded box which appears below the words **“Part II. Health Care Directive”**.

If you decide to complete the Health Care Directive (Part II), please follow the instructions below:

DO NOT initial the shaded box below the words **“Part II. Health Care Directive”**.

Read the Directive Carefully.

Review the list of life-prolonging procedures and decide which, if any, of these procedures you would like to have withheld or withdrawn. Write your initials next to each procedure you want to be withheld or withdrawn if you are persistently unconscious or there is no reasonable expectation of your recovery from a seriously incapacitating or terminal illness or condition.

Part II. Health Care Directive

• If you *DO NOT WISH* to make a health care directive, write your initials in the box to the right, and go to Part III.

_____
Initials

I make this HEALTH CARE DIRECTIVE ("Directive") to exercise my right to determine the course of my health care and to provide clear and convincing proof of my wishes and instructions about my treatment.

If I am persistently unconscious or there is no reasonable expectation of my recovery from a seriously incapacitating or terminal illness or condition, I direct that all of the life-prolonging procedures that I have initialled below be withheld or withdrawn.

I want the following life-prolonging procedures to be withheld or withdrawn:

- **artificially supplied nutrition and hydration (including tube feeding of food and water) . . . . . _____ Initials**
- **surgery or other invasive procedures . . . . . _____ Initials**
- **heart-lung resuscitation (CPR) . . . . . _____ Initials**
- **antibiotic . . . . . _____ Initials**
- **dialysis . . . . . _____ Initials**
- **mechanical ventilator (respirator) . . . . . _____ Initials**
- **chemotherapy . . . . . _____ Initials**
- **radiation therapy . . . . . _____ Initials**
- **all other "life-prolonging" medical or surgical procedures that are merely intended to keep me alive without reasonable hope of improving my condition or curing my illness or injury . . . . . _____ Initials**

However, if my physician believes that any life-prolonging procedure may lead to a significant recovery, I direct my physician to try the treatment for a reasonable period of time. If it does not improve my condition, I direct the treatment be withdrawn even if it shortens my life. I also direct that I be given medical treatment to relieve pain or to provide comfort, even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.

IF I HAVE NOT DESIGNATED AN AGENT IN THE DURABLE POWER OF ATTORNEY, THIS DOCUMENT IS MEANT TO BE IN FULL FORCE AND EFFECT AS MY HEALTH CARE DIRECTIVE.

Instructions for Completing Part III.

General Provisions Included in the Directive and Durable Power of Attorney

Part III. must be completed for the Durable Power of Attorney for Health Care (Part I) and the Health Care Directive (Part II) to be effective. Please see the instructions on the back of the following page.

Part III. General Provisions Included in the Directive and Durable Power of Attorney

1. Relationship Between Directive and Durable Power of Attorney. If I have executed the Directive and the Durable Power of Attorney, I encourage my Agent to follow my wishes as expressed in the Directive in making decisions regarding life-prolonging procedures. However, I have confidence in my Agent's ability to make decisions in my best interest, and I authorize my Agent to make decisions that are contrary to my Directive in his or her best judgment. If the Durable Power of Attorney is somehow determined to be ineffective, or if my Agent is not able to serve, the Directive is intended to be used on its own as firm instructions to my health care providers regarding life-prolonging procedures.

2. Protection of Third Parties Who Rely on My Agent. No person who relies in good faith upon any representations by my Agent or Alternate Agent shall be liable to me, my estate, my heirs or assigns, for recognizing the Agent's authority.

3. Revocation of Prior Directive or Durable Power of Attorney. I revoke any prior LIVING WILL, Declaration or Health Care Directive executed by me. If I have appointed an Agent in a prior durable power of attorney, I revoke any health care terms contained in that durable power of attorney.

4. Validity. This document is intended to be valid in any jurisdiction in which it is presented. The provisions of this document are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this document shall be as valid as the original.

Instructions for Completing Part III. (Continued)

Part III must be completed for the Durable Power of Attorney for Health Care (Part I) and the Health Care Directive (Part II) to be effective. Please follow the instructions below:

Sign and date in the space provided. **Please print your name and address under the signature line.**

Have two witnesses sign and write in their addresses on the lines provided.

If you have completed the **Durable Power of Attorney for Health Care (Part I.)**, you will need to sign the form in the presence of a notary public who will then complete the notary block. You will also need to have two witnesses sign the form.

Part III. General Provisions included in the Directive and Durable Power of Attorney (Continued)

YOU MUST SIGN THIS DOCUMENT IN THE PRESENCE OF TWO WITNESSES.

IN WITNESS WHEREOF, I have executed this document this _____ day of _____(month), _____(year).

_____
Signature

Print Name _____
Address _____
_____

The person who signed this document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned witnesses is at least eighteen years of age.

Signature _____
Print Name_____
Address _____
_____

Signature _____
Print Name _____
Address _____
_____

ONLY REQUIRED FOR PART I — DURABLE POWER OF ATTORNEY

STATE OF MISSOURI)
) SS
COUNTY OF _____)

On this _____ day of _____ (month), _____ (year), before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, State of Missouri, the day and year first above written.

_____
Notary Public

My Commission Expires:

Ordering Information

Additional copies of this form are available at courthouses, libraries, and University of Missouri Extension Centers across Missouri at no charge. The form may be photocopied for use by additional persons. The form may also be ordered directly from The Missouri Bar. *Single* copies of the form are available from The Missouri Bar at no charge. However, a charge has been placed on multiple copies in order to cover the costs of printing, handling and postage. A check or money order for the correct amount must be sent to The Missouri Bar before multiple copies of the form may be mailed.

To order multiple copies of the form, refer to the pricing chart below.

PRICE CHART

Single copies	*No charge*
Additional copies	*75 cents per copy*

Please send a written request for the number of copies you desire, along with a check or money order for the correct amount, to:

Health Care Proxy Form
The Missouri Bar
P.O. Box 119
Jefferson City, MO 65102-0119

. . . . . From The Missouri Bar To You

This health care decisions form has been developed as a project of The Missouri Bar, the statewide association for all lawyers. Working for the public good, The Missouri Bar strives to improve the law and the administration of justice.

Revised October, 1998 and reprinted September, 2000