

COMMONWEALTH OF PENNSYLVANIA

HEALTH CARE POWER OF ATTORNEY

Pursuant to 20 Pa.C.S. Sections 5451-5465
(Health Care Agents and Representatives)

PART I: APPOINTMENT OF HEALTH CARE AGENT

I, **Margaret A. Whitfield**, of 742 Elmhurst Drive, Apt. 3B, Philadelphia, Pennsylvania 19103, born June 14, 1958, being of sound mind, willfully and voluntarily appoint the following individual as my Health Care Agent to make health care decisions for me if I become unable to make or communicate my own health care decisions:

Health Care Agent: Patricia L. Donovan (Daughter)
Address: 239 Cherry Lane, Harrisburg, Pennsylvania 17101
Telephone: (717) 555-0847
Email: pldonovan@email.example.com

Alternate Health Care Agent: Robert J. Whitfield (Son)
Address: 1584 Oakmont Boulevard, Pittsburgh, Pennsylvania 15213
Telephone: (412) 555-0193

PART II: AUTHORITY GRANTED

I grant my Health Care Agent full authority to make any and all health care decisions on my behalf, including but not limited to the following:

- (a) To consent to, refuse, or withdraw consent to any medical treatment, surgical procedure, diagnostic test, or therapeutic intervention, including experimental treatments;
- (b) To authorize my admission to or discharge from any hospital, nursing home, assisted living facility, rehabilitation center, hospice, or other medical facility;
- (c) To access, obtain copies of, and authorize the release of my medical records and personal health information, including information protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- (d) To retain and dismiss health care providers, physicians, nurses, therapists, and other medical professionals;
- (e) To authorize the administration of pain relief medication or palliative care, even if such treatment may hasten my death;
- (f) To make decisions regarding organ donation and the disposition of my remains after death, in accordance with my wishes expressed herein or previously communicated.

PART III: INSTRUCTIONS AND WISHES

I provide the following guidance to my Health Care Agent regarding my preferences for medical treatment:

End-of-Life Care: If I have a terminal condition with no reasonable expectation of recovery, or if I am in a persistent vegetative state, I do NOT wish to be kept alive by artificial means, including mechanical ventilation, artificial nutrition and hydration, or cardiopulmonary resuscitation. I request that all comfort measures be provided to keep me pain-free and comfortable.

Pain Management: I wish to receive adequate pain medication to maintain my comfort, even if such medication may cloud my consciousness or hasten my death.

Organ Donation: Upon my death, I wish to donate any usable organs and tissues for the purpose of transplantation and medical research.

Religious Considerations: I am of the Roman Catholic faith. While I respect the teachings of my Church, my Health Care Agent should prioritize the medical guidance provided above, which reflects my personal wishes after careful consideration.

PART IV: EFFECTIVE DATE AND DURABILITY

This Health Care Power of Attorney shall become effective upon a determination by my attending physician that I am unable to make or communicate health care decisions for myself. This power is durable and shall not be affected by my subsequent disability or incapacity. This document shall remain in effect until I revoke it in writing or by oral declaration in the presence of two witnesses.

PART V: HIPAA AUTHORIZATION

I intend for my Health Care Agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records. This release authority applies to any information governed by HIPAA and its implementing regulations.

EXECUTION

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of March, 2025.

Margaret A. Whitfield

Principal

Date: March 15, 2025

WITNESSES

Jennifer M. Kowalski

Witness #1 - 891 Pine Street, Philadelphia, PA 19107

Date: March 15, 2025

David R. Thompson

Witness #2 - 4520 Walnut Street, Philadelphia, PA 19139

Date: March 15, 2025

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