Durable Power of Attorney for Healthcare

I, [_____],

currently residing at

[_____], hereby appoint
[_____], residing at
[_____], as my attorney-in-fact to make healthcare decisions on my behalf in the event that I am unable to do so.

1. Powers Granted:

I grant my attorney-in-fact the following powers related to my healthcare:

a. **Treatment Decisions:**

- To make decisions regarding medical treatment, surgery, and other healthcare procedures on my behalf.

b. **Access to Medical Information:**

- To access my medical records and communicate with healthcare providers regarding my condition.

c. **Choice of Healthcare Providers:**

- To choose and engage healthcare providers and professionals for my treatment.

d. **End-of-Life Decisions:**

- To make decisions regarding life-sustaining treatment, artificial nutrition, and hydration, in accordance with my wishes as outlined in my Living Will, if applicable.

2. Duration:

This Durable Power of Attorney for Healthcare shall remain effective even if I become incapacitated or unable to make decisions regarding my medical treatment. This power of attorney will only be terminated by my death or by a written revocation issued by me.

3. Specific Instructions:

_____
_____
_____

4. Successor Attorney-in-Fact:

In the event that my appointed attorney-in-fact is unable or unwilling to serve, I appoint [Successor Attorney's Full Legal Name] as my successor attorney-in-fact.

5. Reliance on Attorney-in-Fact:

Third parties are authorized to rely on the authority of my attorney-in-fact as if it were my own.

6. Revocation:

I reserve the right to revoke this Durable Power of Attorney for Healthcare at any time by providing a written notice to my attorney-in-fact.

7. Governing Law:

This Durable Power of Attorney for Healthcare is governed by the laws of the [State/Country_____/_____] in which I reside.

8. Signatures:

I have executed this Durable Power of Attorney for Healthcare on this

[Date]_____

day of

[Month, Year] _____.

[Your Signature]

_____

[Witness 1 Name]

_____

[Witness 1 Signature]

_____

[Witness 2 Name]

_____

[Witness 2 Signature]

_____