

# Choice of Health Care Agent

No one can predict when a serious illness or accident might happen. When it does, you might need someone else to speak for you or make medical decisions for you. If you plan now, you can increase the chances that the medical treatment you receive will be the treatment you want.

In Maryland, Virginia, and D.C., you can choose someone to be your "Health Care Agent," which is the same as a "Medical Power of Attorney" or "Health Care Proxy." The health care agent is the person you trust to make medical decisions for you if you do not want to *or* are unable to make them yourself. These decisions should be based on your personal values and wishes.

## What kind of decisions can my health care agent make?

Your agent can:

- Talk with healthcare providers about your condition
- See medical records and approve who else can see them
- Give permission for medical tests, medications, surgery, or other treatments
- Make decisions about treatments designed to keep you alive if you are near death or not likely to recover
- Choose among options for where you receive care and who your health care providers are
- Agree to donate your organs if you have not decided for yourself
- Sign for you to give permission for any of the above

## Whom should I choose to be my health care agent?

You can pick a family member as a health care agent, but you don't have to. Remember, your agent will have the power to make treatment decisions, even if other people close to you might urge a different decision.

Choose a family member or friend who:

- Is at least 18 years old
- Knows you well
- Can be there for you when you need it
- You trust to do what is best for you and is willing to carry out *your* wishes
- Would be comfortable talking with your healthcare providers and asking them questions if necessary
- Would not be too emotionally upset to carry out your wishes if you became very sick
- Is willing to accept this important role

In case the person who is your first choice is not able to carry out this role when the time comes, you should choose a “backup” agent. You may want to choose a third person for extra security in case neither of your first two choices is available.

### **What will happen if I do not choose a health care agent?**

If you are too sick to make your own medical decisions, and have never written down the name of your choice of a health care agent, your doctors will ask your closest family member to make decisions for you. There are four reasons why this may be a problem:

- 1) The closest family member available at the time might not be the person you would want to make decisions for you.
- 2) Some family members might not be able or willing to make decisions as you would want them to.
- 3) Family members may disagree with one another about the best decisions.
- 4) Family members cannot legally make all of the decisions that may be needed. *Some decisions may have to be made by someone appointed by a judge or possibly someone who does not know you at all if you have not named a healthcare agent.*

### **What do I do with this form after I fill it out and sign it?**

1. Give a copy to your health care agent and to each of your backup agents.
2. Give another copy to your doctor.
3. Take a copy with you when you are admitted to a hospital.
4. Show it to your family and friends and others who care for you.

**\*You must sign this form and two witnesses must also sign it before it is official.**

### **What if I change my mind?**

You may change your mind at any time, as long as you are competent. To do so, fill out a new form and date and sign it with witnesses. Then make sure everyone you gave the old form to has a copy of the new one.

*You are not required to use this form. There are other forms available or you can write your own statement. If you have questions about other forms, please talk them over with the person who gave you this one, your doctor, social worker, friends or family.*

## **Considerations for You and Your Health Care Agent**

### **What are the things you want your agent to know?**

Your agent will need to think about conversations you have had, your personality and how you handled other important issues in the past. It is important to think and talk with your agent and your family about such things as:

- The things that are most important to you in your life
- Whether you would rather be at home or in a hospital for the last days or weeks of your life



## Choose Your Health Care Agent

I want the following person to be my primary health care agent:

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First name Last name

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Street address City State Zip code

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Home phone number Work phone number Cell phone

### Back-Up Health Care Agent

If the first person cannot act as my agent, then I request the person named below to be my health care agent:

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First name Last name

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Street address City State Zip code

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Home phone number Work phone number Cell phone

### Second Back-Up Health Care Agent

If neither of the first two people can act as my agent, then I request the person named below to be my health care agent:

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First name Last name

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Street address City State Zip code

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Home phone number Work phone number Cell phone

**When can my health care agent begin to do these things for me?**

Do you want your health care agent to start making decisions for you now **OR** wait until you are no longer able to make them for yourself? Choose one and put an **X** next to your choice:

I want the person I named to be able to act as my health care agent starting **now and continuing after I am no longer able to make them for myself**. While I am still able to make my own decisions, I can still do so if I want to. My agent can take over for me in any way I want him or her to whenever I like.

I want my health care agent to be able to make decisions for me **only after I cannot make them for myself**. The doctors taking care of me will determine when I have lost this ability.

**Sign the Form**

To make this form official, you must:

- 1. Sign it in front of two witnesses.
- 2. Have both witnesses sign the form.

**Sign your name and write the date.** Your name must also be printed, with your address.

I understand this Choice of Health Care Agent document and its purpose. I made my own choices when I filled out this form.

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Sign your name Date

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Print your first name Print your last name

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Address City State Zip code

## Witnesses

**Have your witnesses agree to what is written below, sign their names and write the date.** Their printed names and addresses must also be written in.

- I am over 18 years old and I saw this document being signed.
- The person who signed it appears able to make decisions and does not appear to be under the influence of anyone else.
- I am not the health care agent or back-up agent named in this document.
- I am not the person's health care provider or the owner or employee of a health, long-term care, or other residential care facility that is now or has in the past served this person.
- I am not financially responsible for this person's health care or an employee of a life or health insurance provider for the person.
- I am not related to the person by blood, marriage, or adoption.
- To the best of my knowledge, I am not named in his or her will. I will not be the person who manages his or her affairs after his or her death, and I do not stand to benefit from his or her death in any way.

### Witness # 1:

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Sign your name \_\_\_\_\_ Date \_\_\_\_\_

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Print your first name \_\_\_\_\_ Print your last name \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Witness # 2:

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Sign your name \_\_\_\_\_ Date \_\_\_\_\_

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Print your first name \_\_\_\_\_ Print your last name \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Created by the Montgomery County Coalition on End-of-Life Care.  
Applicable in Maryland, Virginia, and the District of Columbia and many other states

5/28/08