



**INSTRUCTIONS: PAGE 1**

FROM:	Your full, legal name
TO:	The full, legal name of the person you wish to make your healthcare agent
PARISH OF:	<b>NOTARY WILL FILL OUT</b>
Paragraph 1 beginning “I, (blank), a notary public...”	<b>NOTARY WILL FILL OUT</b>
Line beginning “I, (blank), hereinafter PRINCIPAL...”	Your full, legal name
Name:	The full, legal name of the person you wish to make your healthcare agent.
Address of Residence:	Your healthcare agent’s residence address.
Telephone #:	Your healthcare agent’s telephone number

In the next section, you will write your initials next to the letter (A-E) that expresses the power you want your healthcare agent to have. Many people initial all of these spaces but that is not a requirement.

- A: This gives your agent the power to say yes or no to any medical treatment or procedure your doctors propose for you, or to say no to a procedure you’d previously said yes to, even if it is possible you may die as a result of that decision.
- B: This gives your agent the power to request information from your doctors, including your medical records, and to sign any forms required to carry out their decisions.
- C: This gives your agent the power to put you in, or take you out of, a hospital, nursing home, assisted living facility, or any other kind of care home.
- D: This gives your agent the power to authorize your estate to pay for healthcare-related services like medical expenses, prescriptions, home care, etc. This does not make your agent personally responsible for those expenses.

**INSTRUCTIONS: PAGE 2**

- E: This gives your agent the power to authorize surgery or other medical expenses, and to say yes or no to suggested prescriptions from your doctors.



## **INSTRUCTIONS: PAGE 2 (continued)**

Paragraph beginning “*With this document, I intend to create...*”

This paragraph says that your agent only has power to make decisions for you when your doctor has determined that you are unable to make those decisions for yourself. It says that your agent should make decisions according to what you have written and told them about your wishes, or according to what your agent believes is in your best interest.

Paragraph beginning “*With this document, I authorize...*”

This paragraph repeats the power granted in B (above), authorizing healthcare providers and organizations to release your medical information to your agent.

### **SPECIAL PROVISIONS AND LIMITATIONS:**

This section allows you to write in any treatments or procedures you specifically do NOT want, even if your agent thinks they are in your best interest.

Paragraph beginning “*To the extent...*”

This paragraph says that if a court of law is required to appoint a curator/guardian for you because you are not able to make decisions for yourself, that you direct the court to appoint the person you are naming in this document as your healthcare agent to be your curator. A court is rarely required to step in and appoint a curator if you already have a healthcare agent, so this is not a situation that is likely to arise. In Louisiana, you may legally nominate someone to be your court-appointed curator, but this paragraph adds the extra safety of requesting that, if that law changes, you are still requesting as strongly as possible that your agent named in this document be appointed by the court as your curator, even if you do not have the legal right to nominate them.

Paragraph beginning “*No person who relies...*”

This paragraph releases healthcare providers from liability for following your agent’s instructions, even if those instructions cause you to die sooner than you would have otherwise, or have other negative, unintended effects.



**INSTRUCTIONS: PAGE 2 (continued)**

Paragraph beginning “*The powers delegated...*”

This paragraph makes it clear that if any of the powers delegated to your agent in this document are determined for some reason not to be valid, that will not invalidate the entire document, and all VALID powers will still be considered to have been given to your agent. You can validly delegate all of the powers listed in this document. This paragraph is a safeguard in case some unforeseen change in the law occurs between the time you sign this document, and the time it is needed, and makes sure that in such a case, the whole document is not invalidated.

**INSTRUCTIONS: SIGNATURE PAGE**

**\*DO NOT SIGN** until the notary public tells you to do so.

Second paragraph asking for date and location	<b>NOTARY WILL FILL OUT</b>
PRINCIPAL Signature	Your signature. This can be whatever your normal signature is, it does not have to be your full, legal name as printed below and earlier in the document.
Print PRINCIPAL Name	Print your full, legal name.

This document requires two witnesses to observe your signature. They should not be family members or stand to inherit from your estate. They should not be healthcare professionals who are providing care to you. They will sign **AFTER** they witness you sign, when the notary instructs them to do so.



**INSTRUCTIONS: SIGNATURE PAGE (continued)**

**WITNESSES WILL FILL OUT:**

Witness	The signature of the <b>first</b> witness
Printed Name	The full, legal name of the <b>first</b> witness.
City, Parish, and State of Residence	The city, parish (or county – witnesses do not have to live in Louisiana) and state in which the <b>first</b> witness lives.
Witness	The signature of the <b>second</b> witness
Printed Name	The full, legal name of the <b>second</b> witness
City, Parish, and State of Residence	The city, parish (or county) and state in which the <b>second</b> witness lives.

This document requires notarization. The notary public will sign after you and both witnesses have signed.

Notary signature line	<b>NOTARY WILL FILL OUT</b>
Notary Public	<b>NOTARY WILL FILL OUT</b>
Notary No.	<b>NOTARY WILL FILL OUT</b>

It is a good idea to sign two original copies of this document and have them both notarized. Keep one original in an easy-to-find place in your house, and give the other to your healthcare agent named in this document.

It is also a good idea to make a copy of the notarized document and give that to your Primary Care Physician to include in your medical record. You might ask the notarizing Notary Public to make a “true copy” of this document for that purpose.