



ST. MARY'S

## Appointment of Healthcare Representative

An individual may appoint a healthcare representative to make medical decisions in the event he or she becomes incapacitated. The individual may specify instructions to be followed by the healthcare representative, who must act in good faith and in the individual's "best interest" consistent with the terms of the appointment. In order to honor the best interest of the individual, the person who is appointed as a healthcare representative should be made aware of the philosophies and ideologies of the individual who appointed him or her.

To appoint a valid healthcare representative, a person must write and sign the document, and it must be witnessed by an adult other than the appointed representative. In the event that the person becomes incapacitated, the healthcare representative is the sole determiner of the incapacitated individual's medical choices.

The appointment may be revoked at any time by notifying the representative orally or in writing. The authority granted to the representative through an appointment may be revoked by notifying the healthcare provider orally or in writing.

---

---

### **Steps in appointing a Healthcare Representative:**

1. Obtain the form appropriate for Indiana. A sample form is attached or a copy may be obtained by contacting their personal attorney, the Indiana Bar Association, or the American Association of Retired Persons.
2. Although the basic form may be modified or expanded to include specific instructions, patients wishing to do so should be encouraged to speak to an attorney.
3. The patient should then sign the appointment form and have it properly witnessed. Although it is not illegal to do so, healthcare workers providing care to the patient should not act as witnesses because of possible conflict of interest. Non-clinical staff such as those from pastoral services and social services may act as witnesses.
4. A copy of the appointment form should be placed in the patient's medical record upon admission, and the patient should distribute copies to his physician, attorney, and close family members.
5. Do not try to answer any questions with legal implications. If questions arise, encourage the patient to contact his/her personal attorney. Risk Management is available for consultation.

## **Appointment of a Healthcare Representative**

In the event that I am not capable of giving consent for my healthcare, and only for so long as such incapacity continues, I hereby freely and voluntarily appoint \_\_\_\_\_, presently residing at \_\_\_\_\_, as my duly authorized Healthcare Representative to act for me in all matters concerning my healthcare.

**REVOCATION/TERMINATION:** I may, at any time, revoke or terminate this Appointment of Healthcare Representative by notifying, orally or in writing, either my appointed Healthcare Representative (or any known delegate), or the healthcare provider.

**GENERAL MATTERS:** It is understood that my Healthcare Representative, simply by virtue of consenting to my healthcare under this appointment, does not become personally liable for my healthcare costs which my Representative would not otherwise be liable.

The person appointed as my Healthcare Representative (or Alternate Healthcare Representative) knows me well enough to serve in that capacity and make decisions of serious consequences, even involving life support and maintenance.

I presently am capable of making my own healthcare decisions at this time, and I am competent and qualified to make this Healthcare Representative appointment.

I understand that this is a legally binding document.

---

---

**THIS APPOINTMENT OF HEALTHCARE REPRESENTATIVE WAS SIGNED BY ME ON THE DATE WRITTEN BELOW:**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

The above named person signing this Appointment of Healthcare Representative is personally known to me. I believe he/she is of sound mind. I did witness him/her sign this document in my presence. I am competent and at least eighteen (18) years of age.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**ADDRESS AND PHONE NUMBER(S) OF HEALTHCARE REPRESENTATIVE:**

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**OPTIONAL PROVISIONS  
FOR APPOINTMENT OF HEALTHCARE REPRESENTATIVE**

**ALTERNATE HEALTHCARE REPRESENTATIVE:** In the event my said Healthcare Representative is not reasonably available, or is unwilling or unable to serve or to continue to serve in that capacity, I hereby appoint \_\_\_\_\_ as my duly authorized Alternate Healthcare Representative to act for me in all matters concerning my healthcare.

**DELEGATION OF AUTHORITY:** The authority herein granted to my Healthcare Representative (and my Alternate Healthcare Representative) may be delegated:

Include only applicable provisions.

- a) To no one else;
- b) To anyone else;
- c) To \_\_\_\_\_ (only);
- d) To any of the following named persons: \_\_\_\_\_ (only).

**DISQUALIFICATION OF OTHERS:** The following named person(s) is/are disqualified from consenting to any healthcare for me and from ever serving as my Healthcare Representative.

---

---

---