

**OCHSNER HEALTH SYSTEM
ADVANCE DIRECTIVE**

**POWER OF ATTORNEY FOR
HEALTH CARE DECISIONS**

**The Person I Want to Make Health Care Decisions for Me
When I Cannot Make Them for Myself**

If I, _____, being of sound mind, am no longer able to make my own health care decisions, the person I choose as my Health Care Power of Attorney is:

First Choice Name: _____

Address: _____ Phone Number: _____

If this person is not able or willing to make these choices for me, OR is divorced or legally separated from me, OR this person has died, then these people are my next choices:

Second Choice Name: _____ **Third Choice Name:** _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

I understand that my Health Care Power of Attorney can make health care decisions for me, including decisions concerning the withholding or withdrawal of life sustaining procedures.

Such Health Care Power of Attorney has full authority to make such decisions as fully, completely and effectually, and to all intents and purposes with the same validity as if such decisions had been personally made by me.

This Health Care Power of Attorney is effective immediately and serves to revoke and supersede any prior Health Care Power of Attorney I have previously executed. This Health Care Power of Attorney will continue until it is revoked.

This declaration is made and signed by me on this _____ day of _____, in the year _____, in the presence of the undersigned witnesses who are not entitled to any portion of my estate.

Signed: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

WITNESS ACKNOWLEDGEMENT: The Declarant is and has personally been known to me, and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage and would not be entitled to any portion of Declarant's estate upon his/her death. I was physically present and personally witnessed the Declarant execute the foregoing Declaration.

WITNESS SIGNATURE / Print Witness Name / Date / Time

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