

APPOINTMENT OF HEALTH CARE AGENT

Durable Power of Attorney for Health Care (Tennessee)

I give my Agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. I hereby revoke all prior appointments of health care powers of attorney. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place. Both my Health Care Agents are my personal representatives for all purposes under HIPAA. I authorize both to have access to my medical information, effective immediately.

Optional: If checked here my Agent's authority shall become effective immediately, not just when I am incapacitated. I reserve the right at any time to cancel his or her authority.

Agent:

Name

Address

City State Zip Code

() () ()

Home Phone Work Phone

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Mobile Phone Number

Alternate Agent:

Name

Address

City State Zip Code

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Home Phone Work Phone

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Mobile Phone Number

Organ Donation (optional):

Upon my death, I wish to make the following anatomical gift (please mark one if you wish to donate):

- I wish to donate any of my organs and/or tissues that may be needed for transplants.
- I wish to donate only the following organs/tissues: _____
- I do not wish to make any organ donation.

PRINT YOUR NAME HERE:

DATE:

SIGN HERE:

Principal/Patient's name

Date

Signature of Principal/Patient

Note: To be legally valid, **either** block A **or** block B must be properly completed and signed.

Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named above.
I witnessed the patient's signature on this form.

Signature of witness number 1

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness number 2

Block B Notarization

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the Principal or patient. On the date shown above, said person personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public