

INSTRUCTIONS

NEW YORK HEALTH CARE PROXY

**PRINT YOUR
NAME**

(1) I, _____, hereby appoint:
(name)

**PRINT NAME,
HOME ADDRESS
AND
TELEPHONE
NUMBER OF
YOUR AGENT**

(name, home address and telephone number of agent)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. **My agent does know my wishes regarding artificial nutrition and hydration.**

This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.

**ADD PERSONAL
INSTRUCTIONS
(If Any)**

(2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows.

**PRINT NAME,
AND
TELEPHONE
NUMBER OF
YOUR
ALTERNATE
AGENT**

(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.

(name, home address and telephone number of alternate agent)

**ORGAN
DONATION
(OPTIONAL)**

(4) Donation of Organs at
Death:

Upon my
death:

I **do not** wish to donate my organs, tissues or parts.

I **do** wish to be an organ donor and upon my death I wish to donate:

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**ORGAN
DONATION
(OPTIONAL)
CONTINUED**

(a) Any needed organs, tissues, or parts; **OR**

(b) The following organs, tissues, or parts

(c) My gift is for the following purposes:
(put a line through any of the following you do not want)

(i) Transplant

(ii) Therapy

(iii) Research

(iv) Education

(5) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or condition I have stated below. This proxy shall expire (specific date or conditions, if desired):

**ENTER A
DURATION OR A
CONDITION
(IF ANY)**

**SIGN AND DATE
THE DOCUMENT
AND PRINT
YOUR ADDRESS**

(6) Signature _____ Date _____

Address _____

**WITNESSING
PROCEDURE**

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document appeared to execute the proxy willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence. I am not the person appointed as proxy by this document

Witness 1 _____

Address _____

Witness 2 _____

Address _____

**YOUR
WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES**