

**INSTRUCTIONS**

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# NEW YORK HEALTH CARE PROXY

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**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)*

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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)*

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**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:

© 2000  
PARTNERSHIP FOR  
CARING, INC.

**ORGAN  
DONATION  
(OPTIONAL)  
CONTINUED**

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

(b) The following organs, tissues, or parts

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(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):

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**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**