INSTRUCTIONS

PRINT YOUR NAME

PRINT NAME, HOME ADDRESS AND TELEPHONE NUMBER OF YOUR AGENT

ADD PERSONAL INSTRUCTIONS (If Any)

PRINT NAME, AND TELEPHONE NUMBER OF YOUR ALTERNATE AGENT

ORGAN DONATION (OPTIONAL)

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NEW YORK HEALTH CARE PROXY

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

_____
(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.

(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.

(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)

_____

(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:

(Continued)

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