

Massachusetts Health Care Proxy Instructions and Form

Instructions: To create a valid Massachusetts Health Care Proxy, first, print this document so you have the instructions and the blank form in front of you. You can use the instructions as a checklist as you fill out the form.

\Box On the first part:

o Print your full name in the blank space, followed by your address.

☐ My Health Care Agent is:

- o Print the name and address of the person you are appointing as your Health Care Agent.
 - Remember your Agent can be any adult you trust to make medical decisions for you based on your choices and preferences for care;
 - But your Agent cannot be a person who is employed in the facility where you are a patient unless they are related to you by blood, marriage or adoption.
- Then fill in the phone numbers (home, a business, a cell phone) where your Agent can be quickly and easily reached.

☐ My Alternate Health Care Agent:

o It's a good idea to appoint an Alternate Health Care Agent in case your Health Care Agent can't be reached in a reasonable amount of time. Here, if you choose to, fill in the Alternate Agent's information just as you did above.

☐ My Health Care Agent's Authority:

- o Here is where you give your Agent the authority to make decisions for you.
- o If there are certain decisions you don't want your Agent to make, or any instructions you have, list here. If there are no limits or instructions, just leave this area blank so your Agent has full decision making authority for any health care situation that comes up.

☐ SIGNED and Date:

O Sign your full name and fill in the date you sign it.

☐ Witness Statement and Signature:

- O Two adults must be present as witnesses when this document is signed, and they must sign and date this document after you do. Keep in mind that they are not being given any authority at all and are there only to witness you sign the document, or witness another person sign it at your direction;
- o Any adult can be a witness except your Health Care Agent and Alternate Agent;
- o Have Witness One sign, then print his or her name and the date;
- o Then have Witness Two do the same thing in their space.

☐ Health Care Agent Statement: (Optional)

o This section isn't required in Massachusetts, but it can be helpful because it lets your care providers know that the Agents you appointed have accepted their roles and responsibilities. If you choose to use this section, have your Agent(s) sign and date in the spaces provided.

That's it! Filling out this form is all you need to do to create a valid Massachusetts Health Care Proxy.

Massachusetts Health Care Proxy	
I,	, Address:
appoint the following person to be my Health on my behalf. This authority becomes effective	Care Agent with the authority to make health care decisions e if my attending physician determines in writing that I lack care decisions myself, according to Chapter 201D of the
My Health Care Agent is:	
Name:	Address:
Phone(s):;;	;;
If my Agent is not available, willing or compet	tent to serve and to make a timely decision, I appoint as
My Alternate Health Care Agent:	
Name	Address:
	;;;
My Health Care Agent's Authority	
	ty I have to make all health care decisions including end of
	s, except (list limits to authority or give instructions, if any)
contained in my personal directive if I have of Health Care Agent the same rights I have to the records as governed by the Health Insurance	realth care decisions based on the choices and preferences one, and on his or her assessment of my wishes. I give my ne use and disclosure of my health information and medical Portability and Accountability Act of 1996 (HIPAA), 42 Proxy have the same force and effect as the original.
SIGNED:	DATE
Witness Statement and Signature We, the undersigned, have witnessed the signif	ng of this document by or at the direction of the signatory east 18 years old, of sound mind and under no constraint or
Witness One Signed:	Witness Two Signed:
Print Name:	
Date:	Date:
Health Care Agent Statement (Optional): We have read this document carefully and accelled Health Care Agent Alternate Health Care Agent	