

## Health Care Proxy Tool Kit

You can make your own Health Care Proxy  
and help a loved one or friend make a Health Care Proxy.

Every competent adult, 18 years old and older, can appoint a trusted person as a Health Care Agent, ("Agent") in a simple legal document called a Health Care Proxy. Your Agent is your advocate who can step in to help get you the care you want when you need it. You can complete a Health Care Proxy yourself or seek the help of an attorney. This tool kit is part of the Honoring Choices Who's Your Agent?<sup>SM</sup> Program to help competent adults exercise their right to choose a Health Care Agent and to make a personal Health Care Plan.

### **To Get Started:**

1. Review *Choosing a Health Care Agent*, and the 3 Step Guide on Page 2;
2. Review *Things to Know About a Health Care Proxy*, for more helpful information on Page 3
3. To complete the Health Care Proxy you'll need the following:
  - The name, address, and phone numbers of your Health Care Agent and Alternate Agent; and
  - Two adults who can be present to witness your signature as you sign the document. Witnesses can be any adult except your Health Care Agent and Alternate Agent;
4. Place the Health Care Proxy instruction sheet and blank form in front of you, Page 4-5. Follow the instructions to fill out the form, and sign and date the Health Care Proxy in front of two witnesses, who will sign and date it after you.

### ***That's it. You have completed a Health Care Proxy!***

Congratulations. A Health Care Proxy is the *first step* in making a personal Health Care Plan to help promote your everyday wellness and receive person-centered care. You can read more about the Who's Your Agent?<sup>SM</sup> Program's [Next Steps](#) to review other Massachusetts planning documents at [www.HonoringChoicesMass.com](http://www.HonoringChoicesMass.com)

## Choosing a Health Care Agent

As a competent adult, 18 years old & older, you have the right to make your own health care choices. You also have the right to choose a trusted person as your Health Care Agent (“Agent”), to make health care decisions on your behalf if you are unable to make decisions yourself. Your Agent can step in as your advocate to talk with your care providers and get you the best possible care that honors your values and choices.

**How Do You Choose an Agent?** You can do it yourself in 3 simple steps:

### STEP 1

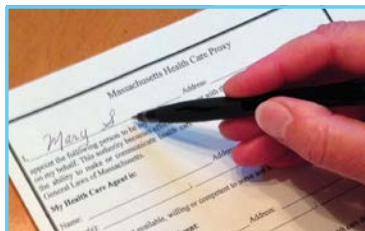
#### Explore



Choose a trusted person as your Agent.

### STEP 2

#### Plan



Appoint your Agent in a Health Care Proxy.

### STEP 3

#### Connect



Talk with your doctor. Add a copy of your Proxy to your medical records.

### 1. EXPLORE: Choose a person you trust to be your Agent.

*Ask yourself:* If I have a serious injury or accident or medical procedure, and I am not able to make health care decisions for myself, *even for a short while*, who do I want to talk with my doctors and make decisions on my behalf? Choose a trusted person to be your Agent. Talk with your Agent about what's important to you and the kind of care you want and do not want.

### 2. PLAN: Appoint your Agent in a Health Care Proxy.

You appoint your Agent in a simple legal document called a Health Care Proxy. You can use any valid Health Care Proxy or the Honoring Choices Massachusetts Health Care Proxy Instructions & Form, available in 8 languages. Remember, even a spouse or parent does not automatically have the legal authority to make health care decisions on your behalf unless appointed in a Health Care Proxy.

### 3. CONNECT: Put your Health Care Proxy into Action!

Once you have completed a Health Care Proxy, keep the original and give a copy to your Agent. Also give a copy of your Health Care Proxy to your care providers to place in your medical record so they always know how to contact your Agent. You can read more at [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## Things to Know About a Health Care Proxy

### 1. What is a Health Care Proxy?

- A simple legal document you can do yourself
- You choose a person you trust, called a Health Care Agent, to talk with your doctors and make health care decisions on your behalf, if you are not able to make effective decisions yourself
- It tells your doctors who to talk to about your care, when they can not speak with you

### 2. Who can sign a Health Care Proxy?

Every competent adult has the choice to sign a Health Care Proxy. An adult must be:

- 18 years old and older; able to understand his or her medical condition and the risks and benefits of possible treatments, and that he/she is giving another person the authority to make health care decisions on their behalf; and under no constraint or undue influence

### 3. How does a Health Care Proxy work?

- As a competent adult, you make your own health care decisions and direct your care
- If you have a serious illness or injury, and your attending physician determines in writing that you lack the ability to make or communicate health care decisions, your Health Care Agent steps in as your advocate with the authority to make health care decisions and get you the care you want
- If you regain your ability to make decisions, your Agent steps back and no longer has authority

### 4. Who can be my Health Care Agent?

- You can choose a spouse, family member, a friend – or someone you trust who knows what's important to you and can represent your wishes and make complex decisions
- Who cannot be an Agent? A person employed in a facility where you are a patient or resident or have applied for admission, unless they are related by blood, marriage or adoption

### 5. What decision making authority can I give my Health Care Agent?

- You can give your Agent full authority to make any and all health care decisions that come up, or
- Limit your Agent's decision making authority by writing it in your Health Care Proxy
- You can give your Agent specific instructions and information in your Personal Directive

### 6. Who can be a witness to sign the Health Care Proxy?

- Any competent adult can be a witness except your Health Care Agent and Alternate Agent
- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you.

### 7. Can I change my mind or cancel or revoke a Health Care Proxy?

- As long as you are competent you can change your mind, and change your Agent, his/her authority, and your preferences for the care you want. It's your document and your choice.
- A Health Care Proxy is revoked if you sign a new one; if you divorce or legally separate and your spouse is your Agent; or tell your Agent or provider you revoked or intent to revoke your Proxy

## **Honoring Choices Massachusetts Health Care Proxy Instructions & Form**

**Instructions:** Every competent adult, 18 years old and older, has the right to appoint a Health Care Agent in a Health Care Proxy. To create your Health Care Proxy, print this two page document so you have the instructions and the blank form in front of you. Follow the instructions to fill out the form, and sign and date the Health Care Proxy in front of two witnesses, who will sign and date it after you.

### **1. Your Name and Address**

Print your full name in the blank space. Print your address.

### **2. My Health Care Agent is:**

Print the name, address and phone numbers of your Health Care Agent.

- Choose a person you trust to make health care decisions for you based on your choices, values and beliefs, if you cannot make or communicate decisions yourself;
- Your Health Care Agent and Alternate Agent cannot be a person who is an operator, administrator or employee in the facility where you are a patient or resident or have applied for admission, unless they are related to you by blood, marriage or adoption.

### **3. My Alternate Health Care Agent:**

Print the name, address and phone numbers of your Alternate Agent.

- Choose a person you trust to make health care decisions if your Health Care Agent is not available, willing or competent to serve, or is not expected to make a timely decision.

### **4. My Health Care Agent's Authority:**

Here is where you give your Agent the authority or power to make decisions for you.

- If you want your Agent to make all decisions in any situation, just leave this area blank.
- If there are certain decisions you do not want your Agent to make or any instructions to give, write the limits to authority or instructions in the blank space provided.

### **5. Signature and Date:**

Sign your full name in front of two adult witnesses, who sign after you do. Print the date.

- You can have someone sign your name at your direction in front of two witnesses.

### **6. Witness Statement and Signature (Required)**

Any competent adult can be a witness except your Health Care Agent and Alternate Agent.

- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you to state that you are at least 18 years old, of sound mind, and under no constraint or undue influence.
- Have Witness One sign, then print his or her name and the date;
- Then have Witness Two sign and print his or her name and the date.

### **7. Health Care Agent Statement: (Optional)**

This section is not required, but it can help your doctors and family know the Agents have accepted the position. Your Agent(s) sign and print the date in the spaces provided.

**Important:** Keep your original Health Care Proxy. Make a copy and give it to your Health Care Agent. Give a copy to your doctors and care providers to place in your medical record so they know how to contact your Agent.

# Massachusetts Health Care Proxy

**1. I,** \_\_\_\_\_ Address: \_\_\_\_\_,

appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

**2. My Health Care Agent is:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**3. My Alternate Health Care Agent**

If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**4. My Health Care Agent's Authority**

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

\_\_\_\_\_  
\_\_\_\_\_.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

**5. Signature and Date.** I sign my name and date this Health Care Proxy in the presence of two witnesses.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**6. Witness Statement and Signature (Required)**

We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

***Witness One***

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

***Witness Two***

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**7. Health Care Agent Statement (Optional):**

We have read this document carefully and accept the appointment.

Health Care Agent \_\_\_\_\_ Date \_\_\_\_\_

Alternate Health Care Agent \_\_\_\_\_ Date \_\_\_\_\_