

“I Have A Health Care Proxy” Wallet Card

我有一位健康護理代理人。

說明

1. 用普通紙列印。
2. 首先沿著粗線框剪下。
3. 然後按照虛線摺疊。
4. 填寫後放入您的皮夾內。

Please call my Health Care Agent if I need help.
如果我需要幫助，請打電話給我的健康護理代理人。

MY NAME (我的姓名)

MY AGENT'S NAME (我的健康護理代理人姓名)

AGENT'S PHONE NUMBERS (我的健康護理代理人電話號碼)

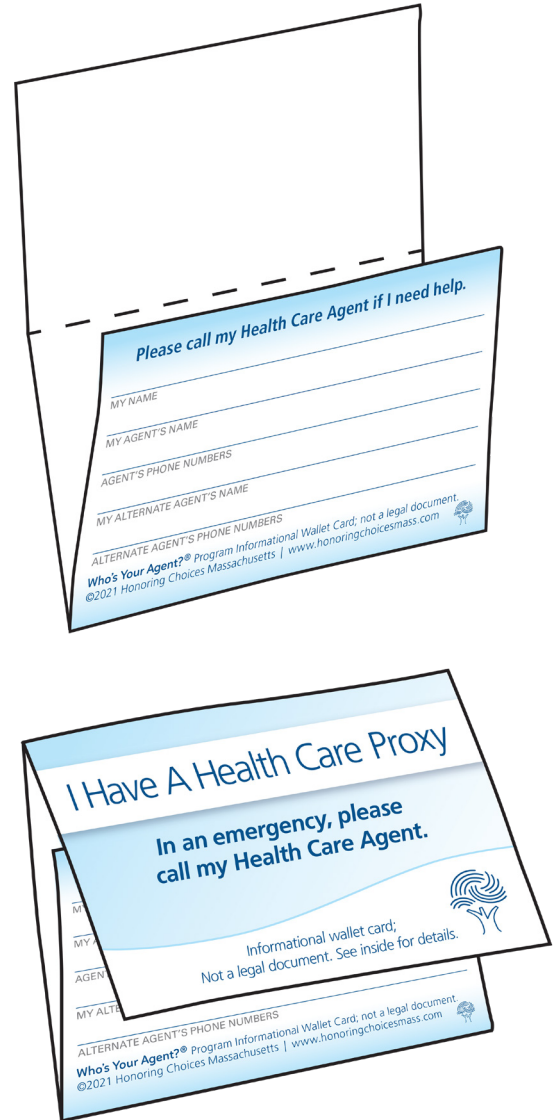

MY ALTERNATE AGENT'S NAME (我的後補健康護理代理人姓名)

ALTERNATE AGENT'S PHONE NUMBERS (我的後補健康護理代理人電話號碼)

Who's Your Agent?® Program Informational Wallet Card; not a legal document.
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I Have A Health Care Proxy
我有一位健康護理代理人。

In an emergency, please call my Health Care Agent.
在緊急情況下，請打電話給我的健康護理代理人。



IMPORTANT: In order to use this wallet card, you must have completed a valid MA Health Care Proxy. Your Health Care Proxy is your legal document that gives your Health Care Agent the authority to make decisions on your behalf. This informational wallet card is NOT a legal document. It does not replace your Health Care Proxy.

See the website to download a free MA Health Care Proxy:

www.honoringchoicesmass.com/5-ma-planning-documents/health-care-proxy

This informational card belongs to you. You can add other information to help emergency personnel contact your Health Care Agent.