

"I Have A Health Care Proxy" Wallet Card

Eu tenho uma Procuração de Cuidados de Saúde (HCP)

INSTRUÇÕES:

1. Imprima em papel comum.
2. Primeiro, corte sobre a linha em negrito.
3. Dobre nas linhas pontilhadas.
4. Preencha e guarde na carteira.

Please call my Health Care Agent if I need help.
Ligue para o meu Agente de Cuidados de Saúde se eu precisar de ajuda.

MY NAME (Meu nome) _____

MY AGENT'S NAME (Nome do meu agente) _____

AGENT'S PHONE NUMBERS (Telefone do meu agente) _____

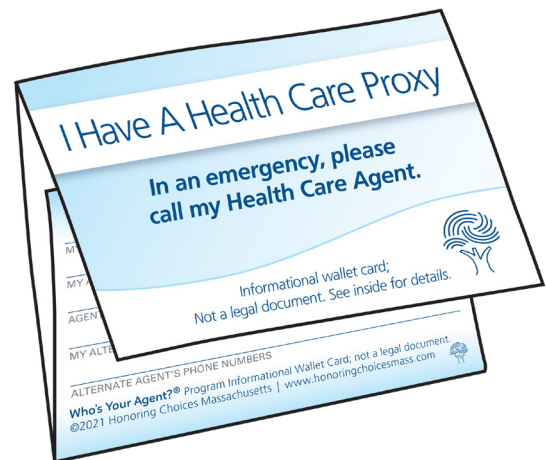
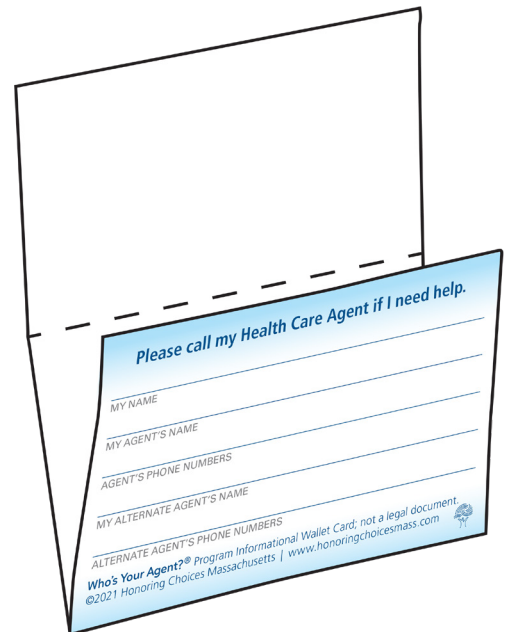

MY ALTERNATE AGENT'S NAME (Nome do agente alternativo) _____

ALTERNATE AGENT'S PHONE NUMBERS (Telefone do agente alternativo) _____

Who's Your Agent?® Program Informational Wallet Card; not a legal document
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I Have A Health Care Proxy
Eu tenho uma Procuração de Cuidados de Saúde (HCP)

In an emergency, please call my Health Care Agent.
Em caso de emergência, ligue para o meu Agente de Cuidados de Saúde.



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.