

"I Have A Health Care Proxy" Wallet Card

Tengo un Poder para tomar decisiones de atención médica.

INSTRUCCIONES:

1. Imprima en papel común.
2. Primero recorte por el borde remarcado.
3. Pliegue por las líneas punteadas.
4. Complete y guarde en su billetera.

Please call my Health Care Agent if I need help.
Si necesito ayuda, por favor llame a mi Apoderado de atención de salud.

MY NAME (Mi nombre) _____

MY AGENT'S NAME (Mi apoderado) _____

AGENT'S PHONE NUMBERS (Teléfonos del apoderado) _____

MY ALTERNATE AGENT'S NAME (Nombre del apoderado sustituto) _____

ALTERNATE AGENT'S PHONE NUMBERS (Teléfonos del apoderado sustituto) _____

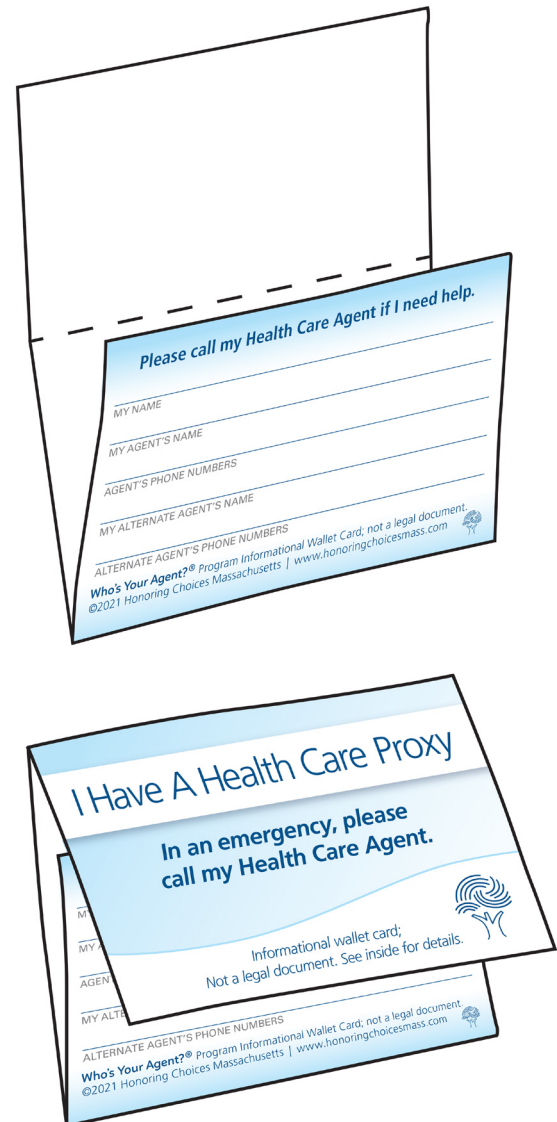
Who's Your Agent?® Program Informational Wallet Card; not a legal document.
©2021 Honoring Choices Massachusetts | www.honoringchoicesmass.com

I Have A Health Care Proxy

Tengo un Poder para tomar decisiones de atención médica.

In an emergency, please call my Health Care Agent.
En caso de emergencia, por favor llame a mi Apoderado de atención de salud.





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.