

APPENDIX A

Sample Form
ADVANCE DIRECTIVE FOR HEALTH CARE

I, _____ residing at _____
make the following advance directive for health care:

PART A
APPOINTMENT OF HEALTH CARE AGENT

Fill out this part of the form if you want to appoint a health care agent to make health care decisions for you. Cross through this part if you do not want to appoint an agent, or if any items on the form do not apply.

1. I appoint the following individual as my agent to make health care decisions for me:

(Full name, address and telephone number of agent)

Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I appoint the following person to act in this capacity:

(Full name, address and telephone number of alternate agent)

2. My agent has full power and authority to make health care decisions for me, including the power to
- A. Request, receive and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and consent to disclosure of this information;
 - B. Employ and discharge my health care providers;
 - C. Authorize my admission or discharge from any hospital, hospice, nursing home, adult home or other medical care facility; and
 - D. Consent to the provision, withholding, or withdrawal of health care, including, in appropriate circumstances, life-sustaining procedures.

3. My agent's authority begins: (**CIRCLE** the one option that applies):

When two physicians determine that I am incapable of making an informed decision regarding my health care;

OR

When this document is signed.

4. My agent is to make health care decisions for me based on the health care instructions I give in this document or on my wishes as otherwise known to my agent. If my wishes are unknown or unclear, my agent is to make health care decisions for me after considering the benefits, burdens and risks that might result from a given treatment or course of treatment or from the withholding or withdrawal of a treatment or course of treatment.

5. My agent shall not be liable for the costs of care based solely on this authorization.

PART B
HEALTH CARE INSTRUCTIONS

Fill out this part of the form if you want to give specific instructions about your health care.

If I am incapable of making an informed decision regarding my health care, I direct my health care providers, and my agent to follow my instructions as set forth below.

1. If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery, I direct that my life not be extended by life-sustaining procedures.
2. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery, I direct that my life not be extended by life-sustaining procedures.
3. If I have an end-stage condition, that is, a condition caused by injury, disease or illness, as a result of which I have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective, I direct that my life not be extended by life-sustaining procedures.
4. I direct (in the following space, indicate any other specific instructions regarding provision or withholding of any health care):

By signing below, I indicate that I am emotionally and mentally competent to make this Advance Directive and that I understand the purpose and effect of this document.

(Date) (Signature of Declarant)

The declarant signed or acknowledged signing these health care instructions in my presence, and based upon my personal observation, appears to be a competent individual.

(Signature of Witness)

(Signature of Witness)

(Address)

(Address)

APPENDIX B

Sample Form

The Maryland Health Care Decisions Act states that a relative or friend may make medical decisions for an incompetent person if the relative or friend presents a statement to the person's doctor verifying that s/he is familiar with the person and with the person's activities, health and personal beliefs. Only relatives who are NOT the person's guardian, spouse, adult child, parent or adult brother or sister must sign this form. Those relatives may act as a surrogate without signing a statement such as this.

Use this form as a guide in writing the statement.

STATEMENT OF FRIEND OR RELATIVE

I, _____, of _____

_____, certify the following:

1. I am a competent individual over the age of 18 years.
2. I have known the patient, _____, for _____ years.
3. My relationship with the patient is that of _____ (friend or relative).
4. I have been in regular contact with _____ for _____ years and I am familiar with his/her activities, health and personal beliefs, as described below:

(Here describe your contacts with the patient and what you know about his/her personal beliefs about health care.)

Signature

Date

APPENDIX C

Sample Form DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, _____,
of _____, Maryland, do
hereby make, constitute and appoint _____, my _____, of
_____, to be my
true and lawful agent and attorney-in-fact, to act in, manage and conduct all my estate and all my affairs,
and for that purpose, for me and in my name, place and stead, and for my use and benefit, and as my act and
deed, to do all or any of the following acts, deeds and things;

1. To buy, receive, lease, accept or otherwise acquire; to sell, convey, lease, mortgage, hypothecate, pledge, quitclaim, or otherwise encumber or dispose of, or to contract or agree for the acquisition, disposal, or encumbrance of all real estate, chattels real, stocks, bonds, securities and personal property of whatever kind belonging to me, or in which I have any interest, upon such terms as my attorney shall think proper, and to execute any deeds, leases, assignments, mortgages, releases of mortgage, or any other instruments of writing or conveyances of whatsoever kind which might require execution by me in any capacity, in connection with any dealing hereinabove mentioned;
2. To take, hold, possess, invest, lease, maintain, protect, preserve, improve, or otherwise manage any or all of my property or any interest therein, or any property over which I may have control;
3. To deposit in either my name or my name as fiduciary, or my attorney's name in any banking institution, any funds, negotiable paper or moneys which may be due or payable to me either personally or as a fiduciary or agent, and to withdraw funds from any bank, building association, or depository in which I may have such funds deposited in any capacity, and to make, sign, endorse, accept, discount or otherwise deal in checks, promissory notes, drafts, bills of exchange or other negotiable instruments which I might deal in any capacity;
4. To receive, collect, settle, compromise or deal with all rents, negotiable instruments, open accounts, dividends, interest, income of every kind or other moneys payable to me in any capacity;
5. To have access to any safe deposit box to which I may have a right of access;
6. To endorse and transfer stocks, stock rights and warrants and to vote all shares of stocks held by me in any capacity, in person, or by proxy;
7. To execute all tax returns and claims for any and all allowances and reimbursements properly payable to me in any capacity, by the Internal Revenue Service of the United States, or by the Comptroller of the State of Maryland, and to receive, endorse and collect the proceeds of checks payable to my order in any capacity, drawn on the Treasury of the United States or any other federal agency, or any state or municipal agency;

8. And generally, to make all transactions of every sort in relation to real property, chattels real, or personal property of every kind belonging to me, or in which I may have any interest or over which I may have any control, including all acts which I might do in any capacity, though not specifically mentioned herein;
9. Giving, and hereby granting unto the said agent and attorney, full power and authority in and about the premises; with full power to use all means and processes in the law for the full and effectual execution of the business herein described; and to appear for and represent me before any governor, judge, justice, officer and minister of the law whatsoever, in any court, and there on my behalf, to institute, answer, defend and reply until all actions, causes, matters and things whatsoever relating to the premises; also to submit any matter in dispute, respecting the premises, to arbitration or otherwise; with full power to substitute and appoint from time to time one or more attorneys for the purposes aforesaid and to remove such substitute or substitutes at pleasure and to appoint another or others;
10. And generally, to say, do, act, transact, determine, accomplish and finish all matters and things whatsoever relating to the premises as fully, amply, and effectually, as I, if present, ought or might personally do. If the matter should require more special authority than is hereby conferred, I hereby ratify and confirm all and whatsoever my said agent or attorney, or his substitute, shall lawfully do or cause to be done, in or about the premises, by virtue of these presents.

This Power of Attorney shall not be affected by any disability to which I may be subject at any time, and in the event that I become disabled and it is necessary that formal guardianship proceedings be instituted, I direct that _____ be appointed as Guardian and that s/he be excused from any requirement for giving bond.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 19____

_____(SEAL)

STATE OF MARYLAND, CITY/COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this _____ day of _____, 19____, before me, the subscriber, a Notary Public of the State of Maryland, personally appeared _____ and acknowledged the foregoing Power of Attorney to be his/her act and deed.

AS WITNESS my hand and Notarial Seal

Notary Public

My Commission Expires: _____