

[This document appears if you choose to appoint someone to make health care decisions for you.]

ILLINOIS POWER OF ATTORNEY FOR HEALTH CARE

OF

Jane Doe

NOTICE TO THE INDIVIDUAL SIGNING THE POWER OF ATTORNEY FOR HEALTH CARE

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your "health care agent". Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to put your choice of agent in writing. The written document is often called an "advance directive". You may use this document or another document, as long as it meets the legal requirements of Illinois. There are many written and on-line resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

WHAT ARE THE THINGS I WANT MY HEALTH CARE AGENT TO KNOW?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision making authority once this document goes into effect, in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

- (i) What is most important to you in your life?
- (ii) How important is it to you to avoid pain and suffering?
- (iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?
- (iv) Would you rather be at home or in a hospital for the last days or weeks of your life?
- (v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?
- (vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?
- (vii) Do you have an existing advanced directive, such as a living will, that contains your specific wishes about health care that is only delaying your death? If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the decisions your agent could make are to:

- (i) talk with physicians and other health care providers about your condition.
- (ii) see medical records and approve who else can see them.
- (iii) give permission for medical tests, medicines, surgery, or other treatments.
- (iv) choose where you receive care and which physicians and others provide it.
- (v) decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority.
- (vi) agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education.
- (vii) decide what to do with your remains after you have died, if you have not already made plans.
- (viii) talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

You can pick a family member, but you do not have to. Your agent will have the responsibility to make medical treatment decisions, even if other people close to you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

- (i) is at least 18 years old;
- (ii) knows you well;
- (iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;
- (iv) would be comfortable talking with and questioning your physicians and other health care providers;
- (v) would not be too upset to carry out your wishes if you became very sick; and
- (vi) can be there for you when you need it and is willing to accept this important role.

WHAT IF MY AGENT IS NOT AVAILABLE OR IS UNWILLING TO MAKE DECISIONS FOR ME?

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a "surrogate".

There are reasons why you may want to name an agent rather than rely on a surrogate:

- (i) The person or people listed by this law may not be who you would want to make decisions for you.
- (ii) Some family members or friends might not be able or willing to make decisions as you would want them to.
- (iii) Family members and friends may disagree with one another about the best decisions.

- (iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

WHAT IF THERE IS NO ONE AVAILABLE WHOM I TRUST TO BE MY AGENT?

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or on-line resources to guide you through this process.

WHAT DO I DO WITH THIS DOCUMENT ONCE I COMPLETE IT?

Follow these instructions after you have completed the document:

- (i) Sign the document in front of a witness. See the document for a list of who can and cannot witness it.
- (ii) Ask the witness to sign it, too.
- (iii) There is no need to have the document notarized.
- (iv) Give a copy to your agent and to each of your successor agents.
- (v) Give another copy to your physician.
- (vi) Take a copy with you when you go to the hospital.
- (vii) Show it to your family and friends and others who care for you.

WHAT IF I CHANGE MY MIND?

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new document and make sure everyone you gave the old document to has a copy of the new one, including, but not limited to, your agents and your physicians.

WHAT IF I DO NOT WANT TO USE THIS DOCUMENT?

In the event you do not want to use the Illinois statutory document provided here, any document you complete must be executed by you, designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers, but it need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any document, you may want to consult your physician, other health care provider, and/or an attorney.

MY POWER OF ATTORNEY FOR HEALTH CARE

I. THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE.

My Name: Jane Doe

My Address: 100 Main Street, Chicago, Illinois 60007

II. I WANT THE FOLLOWING PERSON TO BE MY HEALTH AGENT:

Name: Ann Doe
Relation: Daughter
Address: 100 Main Street
Chicago, Illinois 60007
Phone: (800) 555-1234
Alt. Phone: (800) 555-1234
Email: ann@legalzoomsample.com

[This section will only appear if you elect to have an alternate agent.]

III. SUCCESSOR HEALTH CARE AGENT:

If the agent selected is unable or does not want to make health care decisions for me, then I request the person I named below to be my successor health care agent: Only one person at a time can serve as my agent:

Name: John Smith
Relation: Brother
Address: 100 Main Street
Chicago, Illinois 60007
Phone: (800) 555-1234
Alt. Phone: (800) 555-1234
Email: john@legalzoomsample.com

IV. MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME INCLUDING:

- a. Deciding to accept, withdraw or decline treatment for any physical or mental condition of mine, including life-and-death decisions.
- b. Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility.

- c. Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die.
- d. Carrying out the plans as set forth in this document or elsewhere about my body or remains.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision consistent with the directions set forth in this document.

V. I AUTHORIZE MY AGENT TO make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.

[This section varies depending upon your choices regarding organ donation.]

VI. Effective on my death, my agent has the full power to make an anatomical gift of the following: Any organs, tissues, or eyes suitable. The anatomical gift may be used for transplantation purposes or used for research or education.

[This section varies depending upon your choices regarding the scope of your agent's authority.]

VII. My agent shall also have full power to authorize an autopsy and direct the disposition of my remains.

[This section appears if you place limitations on your agent's authority.]

VIII. SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY: Sample.

IX. GENERAL PROVISIONS:

If any provision hereof is held to be invalid, such invalidity will not affect the other provisions of this document, and such other provisions will be given effect without the invalid provision.

It is my intent that this document be legally binding and effective. If the law does not recognize the legal validity of this document, it is my intention that this document be taken as a formal declaration of my intentions concerning all of the above provisions. Copies of this document have the same effect as the original.

All persons or entities that in good faith endeavor to carry out the provisions of this document will not be liable to me, my estate, or my heirs, for any damages or claims arising because of their actions or inactions based on this document. My estate shall indemnify and hold them harmless.

X. MY SIGNATURE:

Signature of Jane Doe

Dated: _____, 20____

XI. WITNESS DECLARATIONS

I am at least 18 years old. *(Check one of the options below):*

- I saw the principal sign this document, or
- the principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agents named in this document. I am not related to the principal, the agent, or the successor agents by blood, marriage, or adoption. I am not the principal's physician, mental health service provider, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Date: _____

Signature: _____

Print Name: _____

Address: _____

[This document appears if you select a living will and will vary depending on your choices in the questionnaire]

ILLINOIS DECLARATION

OF

Jane Doe

This declaration is made this _____ day of _____, 20 _____. I, Jane Doe, being of sound mind, willfully and voluntarily make known my desire to prolong my life as long as reasonably possible within the limits of generally accepted health care standards.

Effective on my death, I make an anatomical gift of the following: Any organs, tissues, or eyes suitable. The anatomical gift may be used for transplantation purposes or used for research or education.

I further direct the following: Sample.

Signature of Jane Doe

Chicago, Cook, Illinois

WITNESS ACKNOWLEDGEMENT

Each undersigned witness states that: the declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Print Name

Print Name

Signature

Signature

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