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ATTORNEYS AT LAW

HEALTH CARE POWER OF ATTORNEY

Made this ___ day of _____, _____

1. I, _____ (Principal) of _____, hereby appoint

_____ as my attorney-in-fact (my "Agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue. My Agent shall have the same access to my medical records that I have, including the right to disclose the contents to others. My Agent shall also have the same access to my medical records that have, including the right to disclose the contents to others. My Agent shall also have full power to authorize an autopsy and direct the disposition of my remains. Effective upon my death, my Agent has the full power to make an anatomical gift of the following (initial one):

___ Any organs, tissues or eyes suitable for transplantation or used for research or education.

___ Any specific organs: _____

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations or directions you deem appropriate):

3. The subject of life-sustaining treatment is of particular importance. If you agree with any one of these statements, please initial that statement.

___ I do not want my life to be prolonged, nor do I want life-sustaining treatment to be provided or continued if my Agent believes the burdens of the treatment outweigh the expected benefits. I want my Agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

___ I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of reference. If and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.

___ I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

4. This Health Care Power of Attorney shall be effective (unless revoked or amended) at the time this power is signed and will continue until your death, or beyond if anatomical gift, autopsy or disposition of remains is authorized, unless a limitation on the beginning date or duration is made by initialing and completing either or both of the following:

___ This Health Care Power of Attorney shall become effective on _____

(future date or event)

___ This Health Care Power of Attorney shall terminate _____

(future date or event)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such Agent: _____

6. If a guardian of my person is to be appointed, I nominate the Agent acting under this Health Care Power of Attorney as such guardian, to serve without bond or security.

7. I am fully informed as to all the contents of this Health Care Power of Attorney and understand the full import of this grant of powers to my Agent.

Signed: _____
Principal

I, _____ (Witness), residing at _____,
as a witness hereto, affirm that the Principal has had an opportunity to read this Health Care Power of Attorney and has signed this Health Care Power of Attorney or acknowledged his or her signature or mark on the form in my presence.

Witness

DEFINITIONS

The following definitions shall apply when construing this Health Care Power of Attorney:

- (a) "Attending physician" means the physician who has primary responsibility at the time of reference for the treatment and care of the patient.
- (b) "Health care" means any care, treatment, service or procedure to maintain, diagnose, treat or provide for the patient's physical or mental health or personal care.