

## MEDICAL POWER OF ATTORNEY (TEXAS)

Principal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Appointment of Agent:

I appoint the following individual as my Agent (Attorney-in-Fact) to make health care decisions on my behalf if I become unable to make my own decisions.

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

### General Statement of Authority:

My Agent shall have general authority to make any and all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I specify below.

### Special Instructions / Limitations (Optional):

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### Effectiveness and Duration:

This Power of Attorney becomes effective immediately and remains in effect until revoked or terminated by law.

### Revocation:

I may revoke this Power of Attorney at any time by notifying my Agent or health care providers or by executing a written revocation.

### Reliance on Agent:

Any person, including my health care providers, may rely upon the decisions made by my Agent as if I were able to make those decisions myself.

### Nomination of Guardian:

If a court decides it is necessary to appoint a guardian of my person, I nominate my Agent named above to serve as guardian.

### HIPAA Authorization:

I authorize my Agent to have full access to my medical records and to disclose them as necessary to make informed health care decisions on my behalf.

**Indemnification:**

My Agent shall not be liable for damages for decisions made in good faith under this Power of Attorney.

**Governing Law:**

This Power of Attorney is governed by the laws of the State of Texas.

**PRINCIPAL'S SIGNATURE**

**WITNESS 1 SIGNATURE**

**WITNESS 2 SIGNATURE**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of Texas County of \_\_\_\_\_ This instrument was acknowledged before me on

\_\_\_\_\_ by \_\_\_\_\_, the Principal. Notary Public Signature:

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_ Seal:

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