



## ENDURING POWER OF ATTORNEY FOR PERSONAL CARE

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Medicare #: \_\_\_\_\_

### Take the time to reflect before completing this form.

An enduring power of attorney for personal care allows you to name one or more attorneys for personal care to act on your behalf concerning your personal care when you are no longer able to do so. If you have more than one attorney for personal care, they must act together.

### Attorney(s) for personal care

If I am no longer able to make decisions about my care and treatments, I ask that my wishes (expressed verbally or in my advance health care directives) be respected.

If other directives are needed, I authorize my attorney(s) for personal care to make decisions about my care and treatments.

Name of attorney for personal care<sup>1</sup>: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of patient or third party: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of attorney for personal care<sup>1</sup>: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of patient or third party: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of first witness<sup>2</sup>: \_\_\_\_\_

Signature of first witness<sup>2</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Name of second witness<sup>2</sup>: \_\_\_\_\_

Signature of second witness<sup>2</sup>: \_\_\_\_\_ Date: \_\_\_\_\_



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Date of birth: \_\_\_\_\_

Medicare #: \_\_\_\_\_

### 1. Attorney(s) for personal care:

- Must be at least 19 years old.

### 2. Witnesses:

- Must be present when the patient or third party signs and dates the directives;
- Cannot be the patient's attorney for personal care or the spouse, common-law partner or child of the patient's attorney for personal care;
- Must be at least 19 years old.

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Give the hospital's Health Records Department a copy of this document and keep the original.

Also give copies to your attorney(s) for personal care, doctor and family.

Think about and revise your enduring power of attorney for personal care at least once a year.

If you change your attorney(s) for personal care, you must complete a new form and distribute new copies. Your enduring power of attorney for personal care remains valid until it is revised.