

I, _____,

residing at _____

Pennsylvania, do hereby revoke any previous power of attorney

relating to health care decisions I have given and

appoint _____

residing at _____

(*phone*) _____ as my agent for

health care decisions.

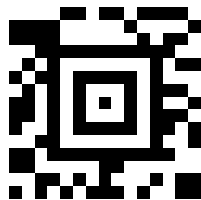
If my agent is unwilling or unable to serve, then I appoint as my alternate

residing at _____

(*phone*) _____

UPMC Pinnacle

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS



PATIENT IDENTIFICATION

Patient Name: _____

MR Number: _____

Date of Birth: _____

My agent shall have the authority to make all health care decisions for me if I am unable to make decisions for myself. My agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My agent shall have the authority to make health care decisions for me, including:

1. The power to authorize my admission to a medical, nursing, residential or similar facility, and to enter into agreements for my care.
2. The power to authorize medical and surgical procedures which shall mean that my agent may arrange for and consent to medical, therapeutical and surgical procedures for me, including the administration of drugs.

If my personal wishes are unknown, my agent is to make decisions on the basis of my agent's assessment of my best interests.

Signature: _____ Date _____

UPMC Pinnacle

**POWER OF ATTORNEY FOR
HEALTH CARE DECISIONS**

PATIENT IDENTIFICATION

Patient Name: _____

MR Number: _____

Date of Birth: _____

Witness Statement

We, the undersigned, each witnessed the knowing and voluntary signing of this document, by signature or mark, in our presence. Neither of us is named as the health care agent or alternate in this document.

In our presence this _____ day of _____, 20_____.

Signature

Signature

Name (print) _____

Address: _____

Name (print) _____

Address: _____

UPMC Pinnacle

**POWER OF ATTORNEY FOR
HEALTH CARE DECISIONS**

PATIENT IDENTIFICATION

Patient Name: _____

MR Number: _____

Date of Birth: _____