

**AMERICANS UNITED**



**Title:**  
Health Care Directive

---

**For:**

---

---

**Subtitle:**  
Prepared by  
Americans United Benefit Group

---

---

# WHAT IS A HEALTH CARE DIRECTIVE

## Heading:

What Is a Health Care Directive?

---

A Health Care Directive is a legal document that allows you to appoint someone to make medical decisions on your behalf if you are unable to do so.

This person is often called a:

- Health Care Agent
  - Medical Power of Attorney
  - Health Care Proxy
- 

## Why It's Important:

- Ensures someone you trust makes decisions
  - Prevents delays in medical care
  - Avoids family disagreements
  - Works alongside your Living Will
- 

## How It Works:

If you become unable to communicate:

- Your designated agent steps in
  - Doctors follow your agent's direction
  - Your wishes are honored
- 
-

# HEALTH CARE DIRECTIVE FORM

**Heading:**

Appointment of Health Care Agent

---

I, \_\_\_\_\_,  
hereby appoint the following person as my Health Care Agent:

---

**Primary Agent:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

---

**Alternate Agent (if primary unavailable):**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

---

---

**Authority Granted**

My Health Care Agent is authorized to:

- Make all medical decisions on my behalf
  - Access my medical records
  - Approve or refuse treatment
  - Select health care providers
  - Decide on life-sustaining treatment
- 
-

**Special Instructions (optional):**

---

---

---

---

---

**End-of-Life Preferences (optional):**

- Follow my Living Will instructions
- Use best judgment in consultation with physicians

---

---

# SIGNATURE & NOTARY

**Heading:**

Execution of Health Care Directive

---

I declare that I am of sound mind and voluntarily appoint this Health Care Agent.

---

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

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

---

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

---

**Witnesses:**

Witness #1: \_\_\_\_\_

Witness #2: \_\_\_\_\_

---

**Notary Public:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20

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

Seal: