MASSACHUSETTS HEALTH CARE PROXY

YOUR BIRTH DATE
____/____/____

1. I, _____ , residing at
(Principal -- PRINT your name)

_____
(Street) (City or Town) (State)

appoint as my Health Care Agent: _____
(Name of person you choose as Agent)

of _____
(Street) (City/town) (State) (Phone)

(**OPTIONAL:** If my Agent is unwilling or unable to serve, then I appoint as my Alternate Agent:

_____ , of
(Name of person you choose as Alternate Agent)

_____ .)
(Street) (City/town) (State) (Phone)

2. My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions 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 is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, if any, you wish to place on your Agent's authority):

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3. **Signed:** _____

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

_____
(Name) (Street)

_____
(City/town) (State)

4. **WITNESS STATEMENT:** We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.
In our presence, on this _____ day of _____ , 20 ___

Witness #1 _____ Witness #1 _____
(Signature) (Signature)

Name (print) _____ Name (print) _____

Address: _____ Address: _____

_____ _____

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