Baptist Health

2130

My Name: _____

My Date of Birth: _____

Appointment of Healthcare Agent

I, _____, hereby give my primary healthcare agent named below permission to make healthcare decisions for me if I am unable to make such decisions for myself. If my agent is unavailable, unable, or unwilling to make healthcare decisions for me, the alternate healthcare agent named below will take my primary healthcare agent's place.

My Primary Healthcare Agent

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip code _____

Cell Number: _____ Alternate Phone Number: _____

Relationship to you: _____

My Alternate Healthcare Agent

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip code _____

Cell Number: _____ Alternate Phone Number: _____

Relationship to you: _____

Signatures required on next page ➡

everyone needs one of these

Patient to Sign this Document

In the order listed, I want the people listed above to make healthcare decisions for me if I am unable to do so for myself. I understand that if I chose my spouse, and we later legally separate or divorce, my spouse will automatically lose the right to make medical decisions for me.

_____

Your Signature **Date** **Time**

To complete this Appointment of Healthcare Agent, please have *either* **Option 1** witnessed and signed or **Option 2** notarized.

Option 1: Two Witnesses

Witness #1: I am a competent adult who is not named as the patient's healthcare agent. I witnessed the patient sign this form.

_____

Signature of Witness #1 **Date** **Time**

Witness #2: I am a competent adult who is not named as the patient's healthcare agent. I am not related to the patient by blood, marriage, or adoption. I am not entitled to anything from the patient's estate. I witnessed the patient sign this form.

_____

Signature of Witness #2 **Date** **Time**

Option 2: Notary

State of Arkansas, County of _____

I am a Notary Public in and for the State and County named above. The person who signed this form is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is signed above. This person personally appeared before me and signed the above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

_____

Date Commission Expires **Signature of Notary Public** **Date** **Time**