

**APPOINTMENT OF HEALTH CARE REPRESENTATIVE**

I appoint \_\_\_\_\_, of \_\_\_\_\_, as my Health Care Representative to act for me in matters of health care in accordance with IC 16-36-1. Among the powers granted to my Health Care Representative, it is my intention to include the power to select, engage and discharge health care providers and facilities and the power to withhold or withdraw consent to health care as well as the power to grant consent. In the event of the inability of \_\_\_\_\_ to serve in such capacity, for any reason, then I appoint, in successive order, the following individuals to serve as my Health Care Representative:

\_\_\_\_\_  
\_\_\_\_\_

This appointment is subject to the following terms and conditions:

I have executed a Living Will and request that my Health Care Representative honor my wishes as expressed therein.

My Representative is authorized to delegate all or part of this authority to any eligible individual who has not been disqualified as provided in IC 16-36-1.

This appointment of my Health Care Representative is not to be considered a contradiction of a Living Will I may execute, whether simultaneously, previously, or hereafter. My Living Will shall be considered as expressing my intention, but my Health Care Representative's action is consenting to, withholding of or withdrawing consent to life-prolonging procedures shall take precedence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

**WITNESSES**

I certify that I, \_\_\_\_\_, am of legal age, that I reside at: \_\_\_\_\_ and that I have witnessed the foregoing appointment.

\_\_\_\_\_  
WITNESS

I certify that I, \_\_\_\_\_, am of legal age, that I reside at: \_\_\_\_\_ and that I have witnessed the foregoing appointment.

\_\_\_\_\_  
WITNESS