

I, _____ hereby appoint:

Name of Agent

as my agent to make health care decisions for me.

Home Phone

/ _____
Cell Phone

Address

City/State/Zip Code

If the person named as my agent is not available or is unable or unwilling to act as my agent, then I appoint the following person to serve as listed below:

Name of Alternate Agent

Home Phone

/ _____
Cell Phone

Address

City/State/Zip Code

Colorado Medical Durable Power of Attorney



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This gives my agent the power to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel about my condition, access my medical records, get information and sign forms necessary to carry out those decisions, and make hospitalization and institutional placement decisions.

By this document I intend to create a Medical Durable Power of Attorney. This Power of Attorney shall continue during my incapacity. My agent shall make health care decisions as I may direct below or as I make known to him or her in some other way. If I have not expressed a choice about the health care in question, my agent shall base his/her decisions on what he/she believes to be in my best interest.

By signing here I indicate that I understand the purpose and effect of this document.

_____ Date _____

I declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this Medical Durable Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud or undue influence. I am not the person appointed as the agent by this document, nor am I the patient's health care provider, or an employee of the patient's health care provider.

_____ Date _____

Witness Signature

Not valid outside the state of Colorado unless notarized.

Notarized in the State of Colorado, County of _____

The foregoing instrument was acknowledged before me this _____
Date

by _____
Notary Name and Title of Position

Notary Official Signature

Commission Expiration

Notary Seal