Colorado Medical Durable Power of Attorney

I,_____ hereby appoint: _____
Name of Principal Name of Agent

as my agent to make health care decisions for me.

_____ /_____
Home Phone Cell Phone

_____
Address City State Zip Code

The designation of a first or second alternate agent is optional. 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 my **first alternate agent**:

_____ _____ / _____
Name of First Alternate Agent Home Phone Cell Phone

_____
Address City State Zip Code

If the person named as my first alternate agent is not available or is unable or unwilling to act as my agent, then I appoint the following person to serve as my **second alternate agent**:

_____ _____ / _____
Name of Second Alternate Agent Home Phone Cell Phone

_____
Address City State Zip Code

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 have made known or will make known. If I have not expressed a choice about the health care in question, my agent shall base their decisions on what they believe to be in my best interest.

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

_____ _____
Principal Signature Date

I declare that the person who signed or acknowledged this Medical Durable Power of Attorney did so in my presence. 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.

_____ _____
Witness Signature Date

Not valid outside the state of Colorado unless notarized. See next page.

Notarized in the State of Colorado, County of _____.

The foregoing instrument was acknowledged before me this _____,
Date

by _____and by _____.
Name of Principal Name of Witness

_____ _____ _____
Notary Official Name Notary Official Signature Commission Expiration

_____
Notary Seal

HopeWest