
**DURABLE POWER OF ATTORNEY FOR
HEALTH CARE DECISIONS FOR
N-1**

Pursuant to Arizona Revised Statute 36-3221, I hereby create this Durable Power of Attorney for Health Care Decisions to authorize the agent designated to make all health care decisions for me at any time that I am not able to communicate my wishes or not able to make health care decisions for myself. Pursuant to Arizona Revised Statutes 14-5501 et seq and 36-3223, this Durable Power of Attorney for Health Care Decisions will not be affected or revoked by my incapacity or other disability. Pursuant to Arizona Revised Statute 36-3202, this Power of Attorney for Health Care Decisions continues in effect for all who may rely on it except for those who have received notice of its revocation.

PURPOSE. My purpose is to grant my agent designated below the full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. This power and authority is effective on, and only on, my inability to make or communicate my own health care treatment decisions. For purposes of this document, “health care treatment decision” means consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental condition.

APPOINTMENT OF AGENT. I appoint the following persons to act, in order of priority as set forth below, as my agent for purposes of this Durable Power of Attorney for Health Care Decisions:

1. N-2 – (relationship to N-1)
2. N-3 – (relationship to N-1)
3. N-4 – (relationship to N-1)

My agents are not required to be physically present when rendering a decision. Contact via telephone, email, text or by Skype or other similar electronic transmission is permitted. Neither the attending physician nor the hospital is required to determine if any or all of the above named persons have been consulted or contacted or the reason why certain individuals may not have been consulted or contacted. Any physician or other health care provider may rely on the avowal of authority of any agent acting on my behalf or on the behalf of other agents.

POWERS OF AGENT. My agent has the power and authority to do any and all of the following:

1. To consent, refuse or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, psychiatric treatment, artificial respiration, nutritional support and hydration and cardiopulmonary resuscitation.
2. To request, review, receive and otherwise obtain access to any information, written or oral, regarding my physical or mental health, including all medical and hospital records.
3. To execute any releases or other documents that may be required to obtain medical or hospital

