Massachusetts Health Care Proxy Form

PATIENT'S NAME _____

MED REC # (IF AVAILABLE)_____

DOB _____

Beth Israel Deaconess Hospital *Plymouth*

Name Your Health Care Proxy

I, (*print your name here; you are the "principal")* _____, want the following person to be my Health Care Proxy (also known as my Health Care Agent):

My Health Care Proxy's name: _____ Phone: _____

Address: _____City/State Zip: _____

Name Your Alternate Health Care Proxy

If my Health Care Proxy is not able to serve, or does not want to, I want the following person to be my Alternate Health Care Proxy (also known as my Alternate Health Care Agent):

My Alternate Proxy's name: _____ Phone: _____

Address: _____City/State/Zip: _____

Say What You Want Your Proxy to Do

I want my Health Care Proxy to be my voice if I am not able to make or express health care decisions myself. My Proxy may make any and all decisions about my health that I could make, including decisions about life-sustaining care, except the things listed here: _____.

(*If you need more space, use the next page. If you do not want to limit what your Proxy can do, leave this part blank.*)

I want my Health Care Proxy to make decisions for me based on what he/she knows about my values and wishes. This includes my religious and moral beliefs. If my Proxy doesn't know my values and wishes, he/she should make decisions that he/she believes are in my best interest. My Proxy should have access to any medical information about me that I would have a right to myself. My Proxy will speak for me only as long as my attending physician says I am not able to make or communicate my own health care decisions.

Sign Your Name at the "X" Below

I am signing this Health Care Proxy form on *(date)*_____, 20 ___ at *(time)* _____am/pm (*circle one*). Two other people (witnesses) have seen me sign this form (see below).

Sign your name here: ***X*** _____

If you are unable to sign the form yourself, you may ask someone to sign for you as long as two witnesses are watching. If this happens, the person signing for you should write his/her name below:

The principal has asked me to sign this form on his/her behalf, and I have done so in front of the two people below.

Printed name of person who signed: _____Signature: _____

Address: _____ Date: _____

Have Your Witnesses Sign

Two witnesses sign here. The Health Care Proxy or Alternate may not be a witness. The signatures mean the witnesses agree with this statement: *We, the witnesses, have seen the principal sign this form (or, if the principal was not able to sign, we have seen him/her ask someone else to sign). To the best of our knowledge, the principal: is able to think and act clearly about this decision; is at least 18 years old; and has filled out this document according to his/her own wishes.*

Witness #1 (sign) _____ Witness #2 (sign) _____

Print name _____ Date: _____ Print name _____ Date: _____

Address: _____ Address: _____

See Other Side →

This page is optional.

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You may use this section to list things you do NOT want the Health Care Proxy to make decisions about, OR you may use it to give guidance to your Proxy on specific matters. *Leave this section blank if you want your Health Care Proxy to make all health care decisions that may come up and you don't have specific guidance you want to give your Health Care Proxy.*

_____

_____

_____

_____

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_____

_____

Congratulations!

You have completed your Massachusetts Health Care Proxy Form. Please visit **www.bidmc.org/proxy** for more information. Here are some important next steps:

- ❒ Give your Health Care Proxy and Alternate a copy of this form. You may also want to give a copy to your lawyer or close family members or friends.
- ❒ Give a copy of this form to your primary care provider and to any specialists you see often. Ask them to make sure that your Proxy information, or a copy of this form, is in your medical record.
- ❒ Keep a copy for yourself and try to bring it with you if you have to go to the hospital.
- ❒ Talk to your Health Care Proxy about what matters most to you. Think about what you would or would not want if you were very sick, or if you were at the end of your life. See "How Will My Proxy Know What I Want?" in this packet to plan a conversation with your Proxy and other loved ones.
- ❒ Talk with your health care providers about what is most important to you. Talk about the care you would want to receive if you were very sick. If members of your health care team know about your wishes, they may be very helpful to your Proxy if difficult decisions ever need to be made about your care.

Need help taking these important steps?

Visit **www.bidmc.org/conversationready** for more information on how to start a conversation so that your Health Care Proxy, your family and friends, and your health care providers know what matters most to you.

These materials were developed by staff, providers, patients and families at Beth Israel Deaconess Medical Center. They are adapted from work originally done by the Central Massachusetts Partnership to Improve End of Life Care and The Conversation Project.

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