

HEALTH CARE PROXY AND DIRECTIVES

I, _____, residing at
(Principal, print your name here)

(street) (city or town) (state)

appoint as my Health Care Agent _____
(print name of the person you wish to be your agent)

of _____
(street) (city or town) (state) (phone)

If I become unable to make decisions about health care, my agent shall have the authority to make health care decisions for me, subject to any limitations I state below. My agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them. My agent knows my wishes regarding nutrition and hydration. I direct my health care agent to make decisions on the basis of my agent's assessment of my best interests as an Orthodox Christian. Specifically, I direct that my pastor be informed of my condition and all efforts be made to allow me to receive Confession, Communion and other prayers of the Church as he judges best. In regards to possible medical treatments I hereby make my wishes known that I do not wish life-support measures to be instituted if there is no reasonable hope of my recovery. I do not wish the dying process to be prolonged, but wish to prepare for death, placing my trust in God. Thus I ask that the following interventions not be performed if I am in a condition that I lack the capacity to make or to communicate health care decisions, (here list the interventions, if any, that you would not like to be undertaken):

Photocopies of this Health Care Proxy shall have the same force and effect as the original.

Signed _____ Date _____

Witness Statement

We, the undersigned, each witnessed the signing of this Health Care Proxy by the principal or at the direction of the principal, and state the principal appears to be at least 18 years of age, of sound mind, and under no constraint or undue influence. Neither of us is named as the health care agent in this document.

In our presence this _____ day of _____, 199 ____ .

Witness 1 _____ (signed) Witness 2 _____ (signed)

Name _____ (print) Name _____ (print)

Address _____ Address _____

