

DESIGNATION OF HEALTH CARE SURROGATE

My Name is: _____

My Address is: _____

I designate the following person as my health care surrogate:

If the person named above is not available, I designate the following person as my secondary health care surrogate:

To my family, friends, health care providers, and any other person or facility that may have an interest in my medical care:

Being of sound mind, I voluntarily create this Designation of Health Care Surrogate.

I. Appointment of Health Care Surrogate:

My surrogate will serve unless I revoke their authority, or they become unavailable or unwilling to act as my surrogate.

II. Health Care Surrogate's Authority

I fully understand that Florida law permits my health care surrogate to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

_____ By initialing this paragraph, I expressly authorize my surrogate to make decisions to withhold or withdraw life-prolonging procedures, which would allow me to die, and I acknowledge such decisions could or would allow my death.

_____ By initialing this paragraph, I expressly authorize my surrogate to make decisions to withhold or withdraw artificially provided sustenance and hydration, which would allow me to die, and I acknowledge such decisions could or would allow my death.

My surrogate's power includes, but is not limited to, the authority to:

- a. hire and fire medical personnel;
- b. visit me in any hospital, hospice, nursing home, or other medical care facility;
- c. in accordance with the Health Insurance Portability and Accountability Act, and as my personal representative, request, receive, and review any information, verbal or written, regarding my physical or mental health, including medical and hospital records and other protected health information, and to execute any releases or other documents that may be required in order to obtain such information;
- d. in accordance with any other instructions I give in this document or a Living Will, sign any documents required to request, withdraw, or refuse medical treatment or to be released or transferred to or from a hospital, hospice, nursing home, adult home, or other medical care facility;
- e. authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility, and to execute any releases or other documents that may be required to do so choose where I live and receive care and support when those choices relate to my health care needs;
- f. sign any waiver or release from liability required by a hospital or physician, and;
- g. contract on my behalf for any health care related service or facility, without incurring personal financial liability for such contracts.

III. When Effective

The authority of my surrogate is effective when my primary physician or another authorized health care provider determines I am incapable of making informed decisions regarding my health care. However, when this document is signed, each individual identified as my surrogate is, in accordance with the Health Insurance Portability and Accountability Act, my personal representative for all purposes related to any assessment of my capacity to make informed decisions regarding my health care.

IV. Health Care Surrogate's Obligation

My surrogate shall make decisions for me in accordance with this Designation of Health Care Surrogate and Living Will, and any other wishes to the extent known to my surrogate. To the extent my wishes are unknown, my surrogate shall make decisions for me in accordance with what my surrogate determines to be in my best interest. In

determining my best interest, my surrogate shall consider my personal values to the extent known to my surrogate.

V. Health Care Surrogate's Post-Death Authority

The authority of my surrogate shall continue after my death for a period of time sufficient for my surrogate to carry out any wishes described in this section:

- a. I authorize my surrogate to donate my organs, tissues, or other body parts according to the instructions set forth in a Living Will, or according to my wishes as otherwise communicated to my surrogate.
- b. I authorize my surrogate to decide whether or not to direct or consent to an autopsy after I die.
- c. I authorize my surrogate to direct the disposition of my remains according to arrangements I have made or according to my wishes as otherwise communicated to my surrogate.

VI. Nomination of Guardian

If a court must appoint a guardian of my person, I nominate the surrogate designated in this form to serve without bond or security.

VII. Other Provisions

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

VIII. Governing Law

I intend this document to be my Designation of Health Care Surrogate under Florida law.

IX. Definitions

For purposes of this document:

- a. **Health care decision** means (1) informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures; (2) the decision to apply for private, public, government, or veterans' benefits to defray the cost of health care; (3) the right of access to all records of the principal reasonably necessary for a health care surrogate to make decisions involving health care and to apply for benefits; and (4) the decision to make an anatomical gift.

- b. **Terminal condition** means a condition caused by injury, disease, or illness from which there is no reasonable probability of recovery and which, without treatment, can be expected to cause death.
- a. **Persistent vegetative state** means a permanent and irreversible condition of unconsciousness in which there is no voluntary action or cognitive behavior of any kind and no ability to communicate or interact purposefully with the environment.
- b. **End-stage condition** means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.
- c. **Life-prolonging procedure** means any medical procedure, treatment, or intervention which sustains, restores, or supplants a spontaneous vital function.
- d. **Artificially provided sustenance and hydration** —also called **nutrition and hydration** —means a mix of nutrients and fluids given through tubes inserted into veins or various body parts, depending on the patient's condition.

X. Effect of Copy

A copy of this document has the same effect as the original.

XI. Severability

If a court finds any of the specific provisions in this document to be invalid, that shall not affect other provisions that can be given effect without the invalid provision.

IN WITNESS WHEREOF I have hereunto executed this Designation of Health Care Surrogate consisting of _____ pages this ____ day of _____, 20____.

WITNESSES:

PRINCIPAL:

(Signature of Witness #1)

Principal Signature

(Printed name of Witness #1)

Principal Printed Name

(Address of Witness #1)

(Signature of Witness #2)

(Printed Name of Witness #2)

(Address of Witness #2)

,STATE OF FLORIDA
County of _____

Subscribed and acknowledged before me by means of [] physical presence or []
online notarization by _____ (print name of principal), and in the
presence of (print name of witness #1) _____ and
(print name of witness #2), _____, witnesses, on
_____ 20____.

Signature of Notary Public