

Tennessee Healthcare Durable Power of Attorney

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document.

Before executing this document, you should know these important facts:

- This document gives the person you designate as your agent (the attorney-in-fact) the power to make healthcare decisions for you. Your agent must act consistently with your desires as stated in this document.
- Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.
- Notwithstanding this document, you have the right to make medical and other healthcare decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objections, and healthcare necessary to keep you alive may not be stopped or withheld if you object at the time.
- This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make healthcare decisions for you if your agent: (1) authorizes anything that is illegal, (2) act contrary to your desires as stated in this document.
- You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital, or other healthcare provider orally or in writing of the revocation.
- Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
- Unless you otherwise specify in this document, this document gives your agent the power after you die to: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes; and (3) direct the disposition of your remains.
- If there is anything in this document that you do not understand, you should ask an attorney to explain it to you.

I, _____, of _____
Name Address

Tennessee, have read the warning section and I appoint _____
As my healthcare agent or attorney-in-fact.

This person can be reached at the following address and phone number: _____

If my healthcare agent cannot act for me because he or she is unwilling, unable, or unavailable, I appoint _____ to be my alternate healthcare agent. My alternate agent's address and phone number is: _____.

This healthcare durable power of attorney only becomes effective when I can't make my own medical decisions. My agent and my attending physician will decide when I can't make decisions for myself. If my agent is unwilling or unable to serve in this regard, then my alternate healthcare agent and attending physician can determine when I am unable to make my own decisions.

My healthcare agent and my alternate healthcare agent understand my wishes, and I authorize my agent to make all healthcare decisions for me unless unable or unwilling to do this. In such a case, my alternate healthcare agent will make all healthcare decisions for me. This authorization includes decisions to withhold or withdraw any forms of life support, including tube feeding and medication.

I _____ **HAVE** _____ **DO NOT HAVE** a Living Will. If I have a Living Will, it can be retrieved by contacting my agent or alternate agent.

I declare that I am mentally competent to make this declaration, and in witness whereof, I have completed this document the _____ day of _____, 20_____.

(Signature of principal)

(Print name of principal)

WITNESSING:

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that I am not the attorney-in-fact for this person; that I am not a healthcare provider, an employee of a healthcare provider, the operator of a healthcare institute nor an employee of an operator of a healthcare institution; I am not related to the principal by blood, marriage, or adoption, that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law.

Witness #1 _____ Witness #2 _____

Print Name _____ Print Name _____

NOTORIZATION:

Subscribed, sworn to and acknowledged before me by _____, the declarant, and subscribed and sworn to before me by _____, and _____ the witnesses,

this _____ day of _____, 20_____.

_____ Notary Public _____ County