



**HUNTERDON
HEALTHCARE
SYSTEM**
2100 Wescott Drive
Flemington, NJ 08822

**DURABLE POWER OF ATTORNEY
FOR HEALTH CARE (PROXY DIRECTIVE)**

If you wish, you may use this section to designate someone to make treatment decisions if you are unable to do so. Your Living Will declaration will be in effect even if you have not designated a proxy.

I, _____, designate the following person as my health care representative to make any and all health care decisions for me, acting in my best interest, in the event that I become incapable of making decisions for myself.

Name _____ Relationship _____

Street _____

City _____ State _____ Zip _____ Telephone _____

If the person I have named above is unable to act as my health care representative, I hereby designate the following person(s) to do so:

1. Name _____ Relationship _____

Street _____

City _____ State _____ Zip _____ Telephone _____

2. Name _____ Relationship _____

Street _____

City _____ State _____ Zip _____ Telephone _____

SPECIFIC DIRECTIONS: Please initial the statement below that best expresses your wishes.

_____ My health care representative is authorized to direct that artificially provided fluids and nutrition, such as by feeding tube or IV infusion, be withheld or withdrawn.

_____ My health care representative does not have this authority, and I direct that artificially provided fluids and nutrition be provided to preserve my life, to the extent medically appropriate.

Signed _____ **Date** _____

Witness (cannot be health care representative or alternative representative listed above).

I declare that the person who signed this document or asked another to sign this document on his/her behalf, did so in my presence and that he/she appears to be of sound mind and free of duress or undue influence.

Witness _____ **Date** _____

Witness _____ **Date** _____

Reminder: Give a copy of this document to your doctor, health care representative, and other concerned individuals.