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How to Complete Your Michigan Revocation of Patient Advocate Designation

Revocation of Patient Advocate Designation (Michigan)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Use this form to cancel a Michigan Patient Advocate Designation, a living will, or other written health care instructions you signed earlier.

1. **Identify the documents (Page 1)**
   Check each document you are revoking and enter its date and agent names.
2. **Sign before a notary (Page 2)**
   Under MCL 700.5510, you may revoke a patient advocate designation at any time and in any manner that communicates your intent. A notarized revocation gives clear proof of the date and your identity. Bring a current, government-issued photo ID.
3. **Notify your doctors and agents (Page 2)**
   Give copies to your doctor, hospital, and each agent named, and record each notice.

After It's Signed

- Ask them to destroy or return their copies of the revoked documents.
- To give new instructions, sign a new Michigan Patient Advocate Designation. We have a free form. Ask your doctors to note the revocation in your medical record.

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Michigan-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

REVOCATION OF PATIENT ADVOCATE DESIGNATION

(MCL 700.5510)

I,

Full legal name | Date of birth

Address

revoke the following document(s) that I previously signed (check each that applies):

Patient Advocate Designation (Michigan health care power of attorney)

Date signed | Agent(s) whose authority is revoked

Living will or other written health care instructions

Date signed

Other health care directive

Date signed | Description

I intend that the document(s) checked above have no further effect. I ask my physicians and health care providers to note this revocation in my medical records, and I direct any agent named in a revoked document to stop acting for me.

Declarant's initials: _____

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Date

X

Signature

Printed name

NOTARY ACKNOWLEDGMENT

STATE OF MICHIGAN)
)
COUNTY OF)

This document was acknowledged before me on

(date)

by (name(s) of signer)

X

Notary Public

(Notary seal)

Notary's printed name

Notary public, State of Michigan, County of

Acting in the County of (if different)

Commission expires

RECORD OF NOTICE OF REVOCATION

A copy was delivered to the following physicians, providers, and agents:

Name	Method	Date delivered
Name	Method	Date delivered
Name	Method	Date delivered
Name	Method	Date delivered

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