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# How to Complete Your New York Health Care Proxy

Health Care Proxy — New York Public Health Law § 2981

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

**About this form.** A Health Care Proxy lets you name someone you trust (your "health care agent") to make **medical decisions** for you if you become unable to make them yourself. It does **not** cover money or property; for that, use a New York Power of Attorney. New York law does not allow a health care proxy to be combined in the same document as a power of attorney, so keep them separate.

1. **Name your agent (Section 1)**
   Enter your name, then your agent's name, home address and phone number. Your agent must be an adult. Talk with your agent first so they know your wishes.

2. **State your wishes (Section 2) — optional**
   Write any instructions or limits. **Important:** unless your agent knows your wishes about artificial nutrition and hydration (feeding tubes and IV fluids), your agent cannot decide about them. Stating them here avoids that problem.

3. **Alternate, expiration and organ donation (Sections 3–5) — optional**
   Name a backup agent, set an end date or condition, and record your organ and tissue donation wishes by initialing one choice.

4. **Sign before two adult witnesses (Sections 6 and 7)**
   Do **not** sign ahead of time. Your agent and alternate agent **cannot** be witnesses. **First Choice can provide witnesses for an additional fee.** Special witness rules apply in mental health and developmental disability facilities.

5. **Notarize your signature (last page)**
   A notary acknowledgment page is included. Notarizing adds proof that you signed it, which helps if the proxy is relied on outside New York or questioned later. Bring a current government-issued photo ID.

## After It's Signed

- Give copies to your agent, alternate agent, doctor and hospital, and keep the original where it can be found quickly. Do not lock it in a safe deposit box.
- Your agent's authority begins only when a doctor (or other attending practitioner) determines you cannot make your own health care decisions.
- You can revoke it at any time by telling your agent or health care provider, orally or in writing. A Revocation of Health Care Proxy form is available on our website. Signing a new proxy also revokes the old one.
- If your spouse is your agent, the appointment is revoked automatically on divorce or legal separation unless you state otherwise.

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**Have questions about this form?** To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**, 2315 Capitol Avenue, Sacramento, CA 95816. **Attorneys licensed in New York.** Main headquarters in Sacramento, California.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed New York attorney.

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# HEALTH CARE PROXY

New York Public Health Law § 2981

## (1) Appointment of Health Care Agent

I, _____ ,
*name of principal*

hereby appoint:

Name of agent: _____

Home address: _____

Telephone: _____

as my health care agent to make any and all health care decisions for me, except to the extent I state otherwise.

This health care proxy shall take effect in the event I become unable to make my own health care decisions.

## (2) Instructions, Wishes and Limits (Optional)

NOTE: Although not necessary, and neither encouraged nor discouraged, you may wish to state instructions or wishes, and limit your agent's authority. Unless your agent knows your wishes about artificial nutrition and hydration, your agent will not have authority to decide about artificial nutrition and hydration. If you choose to state instructions, wishes, or limits, please do so below:

I direct my agent to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.



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### (3) Alternate Agent (Optional)

In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I hereby appoint:

Name of alternate agent: _____

Home address: _____

Telephone: _____

as my health care agent.

### (4) Expiration (Optional)

I understand that, unless I revoke it, this proxy will remain in effect indefinitely or until the date or occurrence of the condition I have stated below:

(Please complete the following if you do NOT want this health care proxy to be in effect indefinitely):

This proxy shall expire: _____

*specify date or condition*

### (5) Organ and/or Tissue Donation (Optional)

I hereby make an anatomical gift, to be effective upon my death, of (initial one):

( _____ ) Any needed organs and/or tissues

( _____ ) The following organs and/or tissues:

_____

( _____ ) Limitations:

_____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

### (6) Signature of Principal

_____ _____

Signature Date

Printed name: _____

Address: _____



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### (7) Statement by Witnesses

I declare that the person who signed or asked another to sign this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence and that person signed in my presence. I am not the person appointed as agent by this document.

| | |
|---|---|
| Witness 1 signature | Witness 2 signature |
| Witness 1 printed name | Witness 2 printed name |
| Witness 1 address | Witness 2 address |
| Witness 1 city, state, zip | Witness 2 city, state, zip |

### Acknowledgment Before Notary Public

The principal's signature above was acknowledged before a notary public on the date shown below.

### ACKNOWLEDGMENT OF PRINCIPAL (Real Property Law § 309-a)

State of New York )
) ss.:
County of _____ )

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary stamp)

Signature and office of individual taking acknowledgment

Notary Public, State of New York; Qualified in _____ County

Registration No. _____; Commission Expires _____



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