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How to Revoke a New York Health Care Proxy

Revocation of Health Care Proxy — New York Public Health Law § 2985

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

About this form. Use this form to **cancel** your New York Health Care Proxy, or to remove one person you named. New York lets you revoke a proxy by telling your agent or a health care provider, but a signed written revocation is the clearest proof and is easiest for hospitals to place in your medical record.

1. **Identify the proxy**
   Enter the date your health care proxy was signed and the agent and alternate agent it names.

2. **Choose what to revoke**
   Initial one choice: the whole proxy, or only one person's appointment. Then initial whether you have signed a new proxy.

3. **Sign before two witnesses and a notary**
   Do **not** sign ahead of time. Witnesses and notarization give strong proof that you signed it willingly. Bring a current government-issued photo ID. **First Choice can provide witnesses for an additional fee.**

4. **Deliver copies**
   Give copies to your former agent and alternate, your doctors, and any hospital or facility that has your old proxy. Log each delivery in the Record of Delivery.

After It's Signed

- If you want a different agent, sign a new New York Health Care Proxy. Signing a new proxy automatically revokes the old one.
- If your spouse was your agent, the appointment ends automatically on divorce or legal separation unless your proxy says otherwise.
- Keep the notarized original with your important papers.

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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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REVOCATION OF HEALTH CARE PROXY

New York Public Health Law § 2985

I, _____,
full legal name

residing at _____,

date of birth _____, revoke the health care proxy signed by me on _____,

in which I appointed the following person(s):

Health care agent: _____

Alternate agent (if any): _____

Initial ONE choice:

(_____) I revoke the health care proxy described above in its entirety. No person named in it has authority to make health care decisions for me under it.

(_____) I revoke only the appointment of the following person. The rest of the health care proxy remains in effect:

_____

Initial if it applies:

(_____) I have signed (or am signing) a new health care proxy, which replaces the one described above.

(_____) I have not signed a new health care proxy at this time.

Notice to Health Care Providers

A physician, physician assistant or nurse practitioner who is informed of or given this revocation must immediately record it in my medical record and notify my agent and the medical staff responsible for my care. Any other staff member who receives it must immediately notify a physician, physician assistant or nurse practitioner.

Signature

_____ _____

Signature Date

Printed name: _____

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Statement of Witnesses

I declare that the person who signed this document is personally known to me, appeared to be of sound mind and acting willingly and free from duress, and signed this document in my presence.

Witness 1 signature	Witness 2 signature
Witness 1 printed name	Witness 2 printed name
Witness 1 address	Witness 2 address

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.

_____

Signature and office of individual taking acknowledgment

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

Registration No. _____; Commission Expires _____

(Notary stamp)

Record of Delivery (keep for your records)

Give a copy to your former agent and alternate agent, your doctor(s), and any hospital, nursing home or facility that has your health care proxy.

Delivered to (name / institution)	Method (in person, mail, email, fax)	Date

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