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How to Complete Your Washington Health Care Power of Attorney

Durable Power of Attorney for Health Care (RCW 11.125 and RCW 7.70.065)

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

About this form. A Washington durable power of attorney for health care names someone (your "agent") to make **medical decisions** for you if you cannot. It does **not** cover finances.

1. **Name your agent and alternates (Page 1)**
   Choose someone you trust, and initial when your agent's authority begins.
2. **Write your wishes (Page 2)**
   Add any wishes or limits. The form includes the durability wording Washington requires.
3. **Sign before a notary or two witnesses (Pages 2–3)**
   Washington allows either. We recommend the notary; a notarized signature is presumed genuine. We can also provide witnesses for an additional fee.

After It's Signed

- Give copies to your agent, alternates, doctors, and hospital.
- Consider also a Washington Health Care Directive (living will). We have a free form.

Need a Notary and Witnesses? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Qualified witnesses available for an additional fee.

Washington-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

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

(Washington Uniform Power of Attorney Act, RCW 11.125, and RCW 7.70.065)

1. PRINCIPAL. I,

Full legal name | Date of birth

Address

2. AGENT. appoint the following person as my attorney-in-fact (agent) to make health care decisions for me:

Name	Address	Telephone
First alternate agent	Address	Telephone
Second alternate agent	Address	Telephone

3. AUTHORITY. My agent may make all health care decisions for me that I could make, including to consent to, refuse, or withdraw any care, treatment, service, or procedure; to choose and discharge providers and facilities; to receive and release my health information as my personal representative under HIPAA; and to make decisions about life-sustaining treatment and artificially provided nutrition and hydration, consistent with my wishes and any health care directive I have signed, or, if my wishes are not known, in my best interest.

4. WHEN EFFECTIVE (initial one):

☐ My agent's authority begins when my physician or licensed health care provider determines that I am unable to make my own health care decisions.

☐ My agent's authority begins immediately.

5. DURABILITY. This power of attorney shall not be affected by disability of the principal, or lapse of time.

Principal's initials: _____

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6. MY WISHES AND LIMITATIONS (optional):

7. GUARDIAN. If a guardian of my person is needed, I nominate my agent (or the first available alternate).

8. COPIES. A copy of this document has the same effect as the original. It revokes any earlier durable power of attorney for health care.

X _____
Signature of principal

Date

Sign in ONE of two ways: before a **notary** (recommended) **or** before **two qualified witnesses**.

OPTION 1: NOTARY ACKNOWLEDGMENT (recommended)

STATE OF WASHINGTON)
COUNTY OF) ss.

This record was acknowledged before me on

(date) by (name of principal)

X _____
Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) My commission expires

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OPTION 2: WITNESSES

We declare that the principal signed (or acknowledged) this document in our presence and appears to be of sound mind and free from duress. Each of us is at least 18, is not related to the principal by blood, marriage, or state registered domestic partnership, is not the principal's health care provider or an employee of that provider, and is not an employee of an adult family home or long-term care facility where the principal resides.

X _____ | | |
Witness signature | Printed name | Date

Address

X _____ | | |
Witness signature | Printed name | Date

Address

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