# DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS
# GENERAL STATEMENT OF AUTHORITY GRANTED

(Kansas Statutes Annotated, Sections 58-625 through 632)

I, _____, designate and appoint:

**Name:** _____

Address: _____

Telephone Number: _____

**Name of First Alternate Agent:** _____

Address: _____

Telephone Number: _____

**Name of Second Alternate Agent:** _____

Address: _____

Telephone Number: _____

to be my agent for health care decisions and pursuant to the language stated below on my behalf to:

(1) Consent, refuse consent, or withdraw consent to any care, treatment, service of procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;
(2) Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentist, nurses, therapists or an other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well being; and
(3) Request, receive and review any information, verbal or written, regarding my personal affairs of physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information

In exercising the grant of authority set forth above, my agent for health care decisions shall: _____

_____

_____

_____

(Here may be inserted any special instructions or statements of the principal's desires to be followed by the agent in exercising the authority granted).

## LIMITATIONS OF AUTHORITY

(1) The powers of the agent herein shall be limited to the extent set out in writing in the durable power of attorney for health care decisions and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

(2) The agent shall be prohibited from authorizing consent for the following items: _____

_____

_____

(3) This durable power of attorney for health care decisions shall be subject of the additional following limitations: _____

_____

_____

## EFFECTIVE TIME

This power of attorney for health care decisions shall become effective immediately and shall not terminate if I become disabled or in the event of later uncertainty as to whether I am dead or alive. The power of attorney is signed by the principal and dated and acknowledged in the manner prescribed by K.S.A. 53-501 *et seq.*, and amendments thereto.

## REVOCATION

Any durable power of attorney for health care decisions I have previously made is herby revoked. (This durable power of attorney for health care decisions shall be revoked by an instrument in writing executed, witnessed or acknowledged in the same manner as required herein or set out another manner of revocation, if desired.)

## EXECUTION

Executed this _____, at _____, Kansas.

_____
Principal

This document must be acknowledged by a notary public.

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____
(Date)

By _____

_____
(Signature of notary public)

My appointment expires: _____

(Seal, if any)

Copies