



HEALTH CARE PROXY

“WHAT MATTERS
CARING CONVERSATIONS
ABOUT END OF LIFE
”

Copies of my Health Care Proxy are in the possession of:

Name Phone

Name Phone

Name Phone

Name Phone

rodephsholom.org/whatmatters

I, _____, of

Street/City/State/Zip _____

Primary Phone _____ Secondary Phone _____

Signature (Proxy Initiator)

hereby appoint _____, of

Street/City/State/Zip _____

Primary Phone _____ Secondary Phone _____

as my healthcare agent to make all health-related decisions for me if I am unable to communicate them myself. My healthcare agent is aware of my wishes, including my wishes about artificial nutrition and hydration.

Alternate Agent (Print) _____

Street/City/State/Zip _____

Primary Phone _____ Secondary Phone _____

This proxy was signed in my presence. The signer is known to me and appears to be of sound mind and able to act of his/her own free will.

Witness

Date

Witness

Date