

Health Care Power of Attorney

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned Notary, and in the presence of the undersigned competent witnesses, came

a resident of the full age of majority of _____ Parish, referred to herein as "Principal", who appoints

a resident of the full age of majority of _____ Parish, as Agent. Agent accepts and agrees to be bound by this specific Power of Attorney (agency).

I. Agent's Health Care Powers

I give my Agent all powers regarding the following health care matters that I could exercise on my own behalf. My Agent may:

1.1 Medical Records. Have access to any medical information in any form regarding my physical or mental condition, and to execute such consents as may be necessary to obtain it.

1.2 Professionals. Retain, compensate and discharge any health care professionals my Agent deems necessary to examine, evaluate or treat me, whether for emergency, elective, recuperative, convalescent or other care.

1.3 Institutionalization. Admit me to any health care facility recommended by a qualified health care professional, whether for physical or mental care or treatment, and remove me from such institution at any time, even if contrary to medical advice.

1.4 Treatment, Consent to tests, treatment, medication, surgery, organ transplant or other procedures, and to revoke that consent, even if contrary to medical advice.

1.5 Chemical dependency. Consent to a course of treatment for chemical dependency, whether suspected or diagnosed, and to revoke such consent.

1.6 Pain Relief. Consent to pain relief procedures, even if they are unconventional or experimental, even if their use may risk addiction, injury or foreshortening my life.

1.7 Releases. Release from liability any health care professional or institution that acts on behalf of me in reliance on my Agent.

II. Third Parties

To protect third parties who deal with my Agent under powers granted in this agency, third persons may rely on my Agent’s act or signature with the same force and effect as though I were personally present and acting for myself on my behalf, accordingly:

2.1 Notice of Amendment or Revocation. No person dealing with my Agent shall be charged with any amendment to this agency or its revocations until actual notice thereof is delivered to the third party.

2.2 Reliance. Until they receive actual notice that this agency has been amended or revoked, third persons may assume that my Agent is acting within the scope of powers granted by me in this agency, and that this agency remains effective. No person who deals with my agent shall be responsible for my Agent’s proper application of funds or property.

2.3 Information. Persons who receive requests for information from my Agent are authorized to furnish it when requested. I release them from any and all legal liability for furnishing the information my Agent requests. If that information is privileged, I waive the privilege. My Agent may disclose that information to such others as my Agent may deem appropriate.

2.4 Binding Effect of Copies. It is my intention that any photocopy of this document shall constitute satisfactory proof of the original upon which third parties may rely.

THUS DONE AND SIGNED on this _____ day of _____, 20 .

Witnesses:

Principal

Agent

Notary Public