

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE  
WORKSHEET**

GRANTOR (YOUR NAME): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Limitations on agent's authority:

\_\_\_\_\_  
\_\_\_\_\_

First Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The original of the document is to be kept at: \_\_\_\_\_

Individuals or institutions that will have signed copies (include addresses):

\_\_\_\_\_  
\_\_\_\_\_

(If applicable) The power of attorney will terminate on the following date:

\_\_\_\_\_

**PRIVACY ACT STATEMENT:** AUTHORITY - 5USC301, 10USC3012, EXECUTIVE ORDER 9397, AND AR 608-50. PRINCIPAL PURPOSE(S) - TO PROVIDE LEGAL ASSISTANCE TO INDIVIDUALS, INCLUDING THE PREPARATION OF LEGAL DOCUMENTS. ROUTINE USES - ATTORNEY-CLIENT INTERVIEWING AIDS. PREPARATION OF LEGAL DOCUMENTS. USED IN ONGOING CASE FILES. SSN IS USED FOR IDENTIFICATION. INFORMATION PROVIDED IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE. COPIES OF THE DOCUMENTS ARE ONLY KEPT FOR ONGOING CASE FILE PURPOSES. DISCLOSURE - THE FURNISHING OF THIS PERSONAL DATA IS VOLUNTARY AND SUCH DATA IS NECESSARY TO PROVIDE ADEQUATE LEGAL ASSISTANCE TO THE INDIVIDUAL. IF THE INDIVIDUAL DOES NOT PROVIDE THE INFORMATION, OR PART OF IT, IT WILL BE DIFFICULT, IF NOT IMPOSSIBLE, TO PROPERLY ADVISE THEM AND PREPARE DOCUMENTS ON THEIR BEHALF.

## **DURABLE POWER OF ATTORNEY FOR HEALTH CARE FACT SHEET**

The Durable Power of Attorney for Health Care (DHCPOA) is a document which allows you to designate an agent or representative to make decisions regarding your present and future health care needs. This document is actually a special power of attorney which is tailored to meet the needs of someone who is either presently unable to make health care decisions or who anticipates one day being unable to make health care decisions or who anticipates one day being unable to make such decisions.

The agent or representative will have powers to perform such functions as: paying hospital bills, selecting a proper health care facility, making advance arrangements for funeral and burial; accessing medical records, etc.. The DHCPOA may be revoked at any time by the grantor simply by giving oral or written notice of revocation.

Before making a DHCPOA, it is a good idea to discuss it with your physician as well as your legal assistance attorney. The person you appoint as agent or representative must be 18 years of age or older, or a person under 18 who has had the disadvantages of minority removed (for example, a married 17 year old). You should select someone whom you know and trust and discuss the DHCPOA with that person beforehand.

The DHCPOA does not allow your agent to pay your phone, electric or charge bills. It only allows payment of bills related to your health care. To provide for payment of these other bills, you should obtain either a general or special power of attorney from your legal assistance office. To contact legal assistance call: III Corps, 287-LAWS; 1st Cavalry Division, 287-6060; 2nd Armored Division, 287-1850.