

HAWAII

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

A. Statement of Principal

Declaration made this _____ day of _____ (month, year).
I, _____ being of sound mind, and understanding that I have the right to request that my life be prolonged to the greatest extent possible, willfully and voluntarily make known my desire that my attorney-in-fact (“agent”) shall be authorized as set forth below and do hereby declare:

My instructions shall prevail even if they create a conflict with the desires of my relatives, hospital policies, or the principles of those providing my care.

CHECKLIST

I have consider the extent of the authority I want my agent to have with respect to health care decisions if I should develop a terminal condition or a permanent loss of the ability to communicate concerning medical treatment decisions with no reasonable chance of regaining this ability. I want my agent to request care, including medicine and procedures, for the purpose of providing comfort and pain relief. I have also considered whether my agent should have the authority to decide whether or not my life should be prolonged, and have selected one of the following provisions by putting a mark in the space provided:

() My agent is authorized to decide whether my life should be prolonged through surgery, resuscitation, life sustaining medicine or procedures, and tube or other artificial feeding or provisions of fluids by a tube.

() My agent is authorized to decide whether my life should be prolonged through tube or other artificial feeding or provisions of fluids by a tube.

If neither provision is selected, it shall be presumed that my agent shall have only the power to request care, including medicine and procedures, for the purpose of providing comfort and pain relief.

This durable power of attorney shall control in all circumstances. I understand that my physician may not act as my agent under this durable power of attorney.

I understand the full meaning of this durable power of attorney and I am emotionally and mentally competent to make this declaration.

Signed _____
Address _____

B. Statement of Witnesses

I am at least eighteen years of age and
—not related to the principal by blood, marriage, or adoption; and
—not currently the attending physician, an employee of the attending physician, or an
employee of the health care facility in which the principal is a patient.

The principal is personally known to me and I believe the principal to be of sound mind.

Witness _____

Address _____

Witness _____

Address _____

C. Statement of Agent

I am at least eighteen years of age, I accept the appointment under this durable power of attorney as the attorney-in-fact (“agent”) of the principal, and I am not the physician of the principal. The principal is personally known to me and I believe the principal to be of sound mind.

Agent _____

Address _____

D. Notarization

Subscribed, sworn to and acknowledged before me by _____
the principal, and subscribed and sworn to before me by

and _____, witnesses, this _____ day
of _____, _____ (year).

Signed _____

(Official capacity of officer)