MEDICAL POWER OF ATTORNEY

Designation of Health Care Agent.

I, _____, appoint _____, as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document.

This Medical Power of Attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS: My Directive to Physicians executed on even date herewith shall control over this document as to the decision to withdraw or withhold life support systems.

Designation of Alternate Agent.

(You are not required to designate an alternate agent, but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If my Agent is unwilling or unable to serve or continue to serve, I hereby appoint _____ to serve as my agent to make health care decisions for me as authorized by this document.

The original of this document is kept at: _____.

All of the agents and alternate agents named herein, and the following individuals or institutions have signed copies:

Karen H. Gordon Esq.
1320 S. University Dr., Suite 806
Fort Worth, Texas 76107
Telephone: 817-338-0724

Duration.

I understand that this Medical Power of Attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the Medical Power of Attorney. If I am unable to make health care decisions for myself when this Medical Power of Attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

Prior Designations Revoked.

I revoke any prior Medical Power of Attorney.

Acknowledgment of Disclosure Statement.

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

I sign my name to this Medical Power of Attorney on _____, at _____ [City], _____ County, Texas.

_____

The principal, in lieu of signing in the presence of witnesses, may sign this medical power of attorney and have his/her signature acknowledged before a notary public.

THE STATE OF TEXAS §
§
COUNTY OF TARRANT §

This document was acknowledged before me on the ___ day of _____, 2012, by _____.

_____
Notary Public, State of Texas

INFORMATION CONCERNING THE MEDICAL POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you designate as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because Ahealth care@ means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of subsequent Medical Power of Attorney. Unless you state otherwise, your appointment of spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

I hereby acknowledge receipt of this "Information Concerning the Medical Power of Attorney." I have read it fully prior to the execution of my Medical Power of Attorney and I understand the information set forth herein.

Signed: _____.

_____