

ALABAMA ADVANCE DIRECTIVE

DURABLE POWER OF ATTORNEY FOR HEALTH CARE/LIVING WILL

This form is an official document where you can write down your healthcare wishes. It can help guide others to make decisions for you if you can't. You can use it to:

- Choose specific individuals to make healthcare decisions for you.
- Say how you want to be treated.
- Explain your preferences for medical care, long-term care, or other types of healthcare.

If you don't choose someone to make healthcare decisions for you and you become too ill to decide for yourself, your care team will turn to your family to make decisions for you. This will be done according to Alabama law, starting with your spouse, then adult children, parents, adult siblings, any next closest relative, and finally, the facility ethics committee. A conservator or guardian appointed by court order comes before any of the above.

1. Principal.

I, _____ name the following individual as my Agent:

Agent Legal Full Name: _____

Agent Address: _____

Agent Phone Number: _____

2. Powers Granted.

A detailed list below is of the healthcare decisions the agent is authorized to make, including consent to or refusal of medical treatment, access to medical records, and decisions about life-sustaining treatment, with respect to following the Uniform Power of Attorney Act.

INITIAL each all the powers granted to the Agent:

_____ - Real Property

_____ - Tangible Personal Property

_____ - Stocks and Bonds

_____ - Commodities and Options

_____ - Banks and Other Financial Institutions

_____ - Operation of Entity or Business

_____ - Insurance and Annuities

- _____ - Estate, Trusts, and Other Beneficial Interests
- _____ - Claims and Litigation
- _____ - Personal and Family Maintenance
- _____ - Benefits from Governmental Programs or Civil or Military Service
- _____ - Retirement Plans
- _____ - Taxes
- _____ - All Preceding Subjects

Addition Powers Granted: [ENTER POWERS GRANTED INSTRUCTIONS]

3. Effective Date/Duration.

This Medical Power of Attorney form becomes effective (INITIAL ONE): _____ -
 Immediately
 _____ -Upon the Principal's Incapacity

4. Signatures.

These components ensure that the principal's healthcare preferences are clearly communicated and legally recognized, empowering the designated agent to make informed decisions on their behalf.

Principal Signature: _____

Name of Principal (Print): _____

Date: _____

Agent Signature: _____

Name of Agent (Print): _____

Date: _____

Witness Signature: _____

Name of Witness (Print): _____

Date: _____