

HEALTH CARE POWER OF ATTORNEY INSTRUCTIONS

South Carolina Statutory form, Code of Laws Section 62-5-504

This is an important legal document. Before signing this document, you should know these important facts:

- 1. This document gives the person you name as your Agent the power to make health care decisions for you if you cannot make the decision yourself.** This power includes the power to make decisions about Life-Sustaining Treatment. Unless you state otherwise, your Agent will have the same authority to make decisions about your health care as you would have.
- 2. This power is subject to any limitations or statements of your desires that you include in this document.** You may state in this document any treatment you do not desire or treatment you want to be sure you receive. Your agent will be obligated to follow your instructions when making decisions on your behalf. You may attach additional pages if you need more space to complete the statement.
- 3. After you have signed this document, you have the right to make health care decisions for yourself if you are mentally competent to do so.** After you have signed this document, no treatment may be given to you or stopped over your objection if you are mentally competent to make that decision.
4. You have the right to revoke this document, and terminate your agent's authority, by informing either your agent or your health care provider orally or in writing.
- 5. If there is anything in this document that you do not understand, you should ask a social worker, lawyer, or other person to explain it to you.**
- 6. This power of attorney will not be valid unless two persons sign as witnesses.** Each of these persons must either witness your signing of the power of attorney or witness your acknowledgement that the signature on the power of attorney is yours.

The following persons may not act as witnesses:

- A. Your spouse, your children, grandchildren, and other linear descendants; your parents, grandparents, and other linear ancestors; your siblings and their linear descendants; or a spouse of any of these persons.
- B. A person who is directly financially responsible for your medical care.
- C. A person who is named in your will, or, if you have no will, who would inherit your property by intestate succession.

- D. A beneficiary of a life insurance policy on your life.
- E. The persons named in the Health Care Power of Attorney as your agent or successor agent.
- F. Your physician or an employee of your physician.
- G. Any person who would have a claim against any portion of your estate (persons to whom you owe money).

If you are a patient in a health facility, no more than one witness may be an employee of that facility.

- 7. Your agent must be a person who is eighteen (18) years old or older and of sound mind.** It may not be your doctor or any other health care provider that is now providing you with treatment; or an employee of your doctor or provider; or a spouse of the doctor, provider, or employee; unless the person is a relative of yours.
- 8. You should inform the person that you want him or her to be your health care agent.** You should discuss this document with your agent and your physician and give each a signed copy. If you are in a health care facility or a nursing care facility, a copy of this document should be included in your medical record.

If you would like assistance in completing a Healthcare Power of Attorney, please call the St. Francis Patient Representative at 449-7993 and request an appointment time. We appreciate the opportunity to assist you in completing this very important document.