

TxPOWERDOCS

Documents for Life

Medical Power of Attorney Worksheet

The Texas Medical Power of Attorney allows you to name an individual to make all types of health care decisions in the chance you cannot do so because of mental incapacity. Your physician can't be your Agent, and there are restrictions on many individuals professionally involved in your health care if they aren't family. In choosing your Agent local availability is important so that the individual may be able to show up at the health care facility within a moment's notice.

In addition to the Medical Power of Attorney, you will need the Health Insurance Portability and Accountability Act (HIPAA) document. Without the HIPAA document, the Agent under your Medical Power of Attorney will not have access to your protected medical information to make a medical decision for you.

Personal Information

In the space below, enter your full legal name as you would like for it to appear on your Medical Power of Attorney. Also enter your address and initials.

Your Full Legal Name (MPOA) *

First Name
Middle Name (optional)
Last Name
Suffix (optional)

Your Address (MPOA) *

City
State
ZIP Code

Primary Agent Information

In the space below, enter the name, address and phone number of the individual you would like to serve as the Primary Agent under your Medical Power of Attorney. It is common for spouses to name each other as Primary Agent. If you are ordering or already have a HIPAA Authorization document, enter the HIPAA agent information here.

Primary Agent's Name (MPOA) *

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Primary Agent's Address (MPOA) *

City

State

ZIP Code

Primary Agent's Phone (MPOA) *

Alternate Agent Information

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, annulled, or declared void unless this document provides otherwise.

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following person(s) to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

How Many Alternate Agents? (MPOA). Enter 0 thru 3.

First Alternate Agent Name (MPOA)

First Name

Middle Name (optional)

Last Name

Suffix (optional)

First Alternate Agent Address (MPOA)

City

State

ZIP Code

First Alternate Agent Phone (MPOA)

Second Alternate Agent Name (MPOA)

First Name
Middle Name (optional)
Last Name
Suffix (optional)

Second Alternate Agent Address (MPOA)

City
State
ZIP Code

Second Alternate Agent Phone (MPOA)

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Third Alternate Agent Name (MPOA)

First Name
Middle Name (optional)
Last Name
Suffix (optional)

Third Alternate Agent Address (MPOA)

City
State
ZIP Code

Third Alternate Agent Phone (MPOA)

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The following individuals or institutions have signed copies:

How many Individuals or institutions have signed copies? (MPOA). Enter 0 thru 3.

First Signed Copy Location Name (MPOA)

First Name

Middle Name (optional)

Last Name

Suffix (optional)

First Signed Copy Location Address (MPOA)

City

State

Zip Code

Second Signed Copy Location Name (MPOA)

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Second Signed Copy Location Address (MPOA)

City

State

ZIP Code

Third Signed Copy Location Name (MPOA)

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Third Signed Copy Location Address (MPOA)

City

State

ZIP Code

DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this 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.

(IF APPLICABLE) This power of attorney ends on the following date:

Duration Date (MPOA)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year