Medical Power of Attorney For Health Care - Tennessee

I, [Your Full Name] _____ , residing at [Your Address, City, State, Zip Code] _____ , being of sound mind and at least eighteen years of age, do
hereby appoint:

[Agent's Full Name] [Agent's Address, City, State, Zip Code] _____ _____Phone: [Agent’s Phone Number] _____ as my true and lawful attorney-in-fact to make health care decisions for me in the event I become incapacitated and unable to make such decisions for myself.

Authority and Powers of Agent: My agent shall have the power and authority to make health care decisions on my behalf, including but not limited to:

1. Consent to or refuse any medical treatment or procedure.
2. Access to my medical records.
3. Admit or discharge from any hospital or other medical facility.
4. Employ or discharge medical professionals.
5. Any other power required to give effect to my health care decisions.

This authority does not include the power to:

1. Make end-of-life decisions unless explicitly stated.
2. Make financial decisions on my behalf.

Special Instructions: [Here, you can include any specific wishes or instructions regarding your health care. If none, write "None."]

_____

Alternate Agent: In the event [Agent's Full Name] _____ is unable, unwilling, or unavailable to serve as my attorney-in-fact, I designate:

[Alternate Agent's Full Name] [Alternate Agent's Address, City, State, Zip Code] _____ Phone: [Alternate Agent’s Phone Number]

_____ as my successor agent with the same powers and authority as set forth above.

Duration: This Medical Power of Attorney for Health Care becomes effective upon my incapacity to make health care decisions and shall remain in effect until revoked by me or upon my death.

Revocation: I reserve the right to revoke this Medical Power of Attorney for Health Care at any time by providing written notice to my agent.

Date and Signature: Executed this [Day] _____ day of [Month] _____, _____ [Year].

[Your Full Name]

_____

Witnesses:

1. [Witness Full Name, Address, Date]

   _____

2. [Witness Full Name, Address, Date]

   _____

Note: Requirements for valid execution, including the need for notarization and/or witnessing, might vary. Again, always consult with an attorney in your state to ensure that your power of attorney form is valid and properly executed