

## HEALTH CARE POWER OF ATTORNEY Completion Guide

Cleveland Clinic recommends that every adult have an Advance Directive (AD) in their electronic medical record.

The Health Care Power of Attorney (HCPOA) is an Advance Directive identified under Ohio Law. This guide provides information on how to complete the HCPOA form.

**Page 1: Document your name and date of birth.**

The rest of Page 1 and all of Page 2 are important health care definitions.

**Page 3: Identify who you want your decision-maker (agent) to be and their contact information.**

You can identify alternates also, in case your primary Agent is not able to be reached. If you would like your Agent to have access to your medical records at any point from here forward, even if you still have the ability to make your own decisions, place your initials in the box at the top of Page 3.

Page 4: Describes decisions your Agent can make for you. You may cross out portions or add specific information.

Page 5: If you do not have a Living Will, and if you wish to authorize your Agent to refuse or withdraw consent to nutrition and hydration, place your initials in the box at the top of Page 5.

(By placing your initials, you are authorizing your Agent to refuse or withdraw consent to the provision of artificially or technologically supplied nutrition or hydration, if you are in a permanently unconscious state. This also requires that the physician and at least one other physician who has examined you have determined, to a reasonable degree of medical certainty, that artificially or technologically supplied nutrition and hydration will not provide comfort or relieve pain.) If you have any additional instructions or limitations, note them at the bottom of this page.

Pages 6 and 7: Optional. Allows you to nominate a Guardian of person and of Estate, if ever needed. If you choose to nominate a Guardian of either the Person or Estate, or both, and also wish to nominate your Agent as your guardian, you may initial, sign, or check the applicable boxes on Pages 6 and 7.

An additional box on Page 7 allows you to mark that you would not want this Guardian of Estate to have to place a bond, a form of financial protection like insurance. Otherwise the Probate Court requires a bond be placed by this person.

**Page 8: Sign, date, and document your location.**

**Page 9: Two witness signatures, dates and location **OR** a notary.**

The Power of Attorney must be EITHER notarized OR witnessed by two persons. Witnesses **cannot** be the Agent(s); related by blood, marriage or adoption; the Patient's attending physician, or the administrator of a nursing home where the Patient is receiving care.

Advance Directive forms can be brought to any Cleveland Clinic registration desk or faxed to 216-445-9733 to be placed in your record.

**The key legal requirements for a valid Health Care Power of Attorney are highlighted above in yellow.** For further information, please refer to Advance Directives on the website:

<https://my.clevelandclinic.org/patients/information/medical-decisions-guide/advance-directives>.