

# Durable Power of Attorney for Health Care Decisions

Pursuant to K.S.A. 58-625 to K.S.A. 58-632, I appoint the following person as my attorney-in-fact for health care decisions:

If the above person should be unable to perform in this capacity due to death, disability, disqualification, or incapacity, then I appoint the following person as my attorney-in-fact:

This is a durable power of attorney, and the authority of my attorney-in-fact shall not terminate if I become disabled or in the event of later uncertainty as to whether I am alive or dead. This durable power of attorney shall become effective immediately. This authority shall not include the ability to revoke or invalidate any declaration made in accordance with the Natural Death Act (a "Living Will" or similarly-titled document).

My attorney-in-fact shall have the authority to, on my behalf:

1. Consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, and to make decisions about organ donation, autopsy, and disposition of the body.
2. Make any and all arrangements at any hospital, psychiatric hospital, or psychiatric treatment facility, hospice, nursing home, or similar institution in Kansas or any other state or country; make arrangements for my release and removal from any institution; employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists, or any other person who is licensed, certified, authorized, or permitted by law to administer health care, as the agent shall deem necessary for my physical, mental, and emotional well being;
3. Request, receive, and review any verbal or written information regarding my personal affairs or physical or mental health, including medical and hospital records, to execute any releases that may be required to obtain this information, and to consent to the disclosure of this information. I hereby waive my patient-physician privileges in relation to this Durable Power of Attorney for Health Care Decisions. Further, I intend for my agent to be treated as I would be with respect to the use and disclosure of any individually-identifiable health information or other medical records pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320(d) and 45 C.F.R. 160-164.

I hereby revoke any previous Durable Power of Attorney for Health Care Decisions. This revocation does not extend to any previous General Durable Power of Attorney. I reserve the right to revoke this document by subsequent writing executed in the same manner as this document. This document shall continue in full effect until the earlier of the following: 1) my death; or 2) my revocation of this document.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

State of Kansas

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notarial Officer

\_\_\_\_\_  
Title

My Appointment Expires: