# Appointment of Health Care Agent

# Tennessee

I, hereby give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent				
Name:				You can name someone
Address:				to make health care decisions for you in case
City:		State:	Zip Code	vou cannot make
Home Phone: _(	)			This person is called
Work Phone: (	)			To appoint an agent.
Mobile Phone: _(	)			or an emancipated minor.
Alternate Agent—				
Name:				——— You may name a second
Address:				(alternate) agent in case your first agent is unable
City:		State:	Zip Code	
Home Phone: _(	)			for you.
Work Phone: _(	)			
Mobile Phone: (	)			

To be legally valid, either Block A or Block B on the next page must be properly completed and signed.

You must sign this form on the next page. You can either sign in front of 2 witnesses or have a notary public notarize your signature.

 Print or type your full name here.

VANDERBILT 💱 UNIVERSITY MEDICAL CENTER

Patient's name: \_\_\_\_

(Please print or type. Must be at least 18 or an emancipated minor)

Patient signature

Time

Time

Time

Time

To be legally valid, either Block A or Bock B below must be properly completed and signed.

### Block A: Witnesses

1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.

Print or type name: \_\_\_\_

Witness #1 signature

Date

Date

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption, and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Print or type name: \_\_\_\_

Witness #2 signature

Date

# **Block B: Notarization**

#### STATE OF TENNESSEE, COUNTY OF \_\_\_\_\_

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence. My commission expires:

Print or type name: \_\_\_\_

Notary public signature

Date

You must sign and date this form and write the time here. You can either sign in front of 2 witnesses or have a notary public notarize your signature

> If you sign in front of 2 witnesses, your agent cannot be one of your witnesses.

At least one of your 2 witnesses cannot be related to you or be your beneficiary.

If you do not sign in front of 2 witnesses, you must have a notary public notarize your signature.

After you have signed the form, and it has been witnessed or notarized:

- give a copy to your doctor
- put a copy in your files where others can find it
- tell your family and friends what is in it
- give a copy to your agent(s).