PRINT YOUR NAME	New York Health Care Proxy
PRINT NAME, HOME ADDRESS AND TELEPHONE NUMBER OF	(1) I,, hereby appoint: (name) (name, home address and telephone number of agent)
YOUR AGENT	as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. My agent does know my wishes
ADD PERSONAL INSTRUCTIONS (If Any)	regarding artificial nutrition and hydration.This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.(2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows.
Print name, AND TELEPHONE NUMBER OF YOUR ALTERNATE AGENT	(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.
ORGAN DONATION (OPTIONAL) © 2000 PARTNERSHIP FOR CARING, INC.	 (4) Donation of Organs at Upon my Death: death: [] do not wish to donate my organs, tissues or parts. [] do wish to be an organ donor and upon my death I wish to donate:

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Organ Donation (Optional) Continued	 [] (a) Any needed organs, tissues, or parts; OR [] (b) The following organs, tissues, or parts
	[] (c) My gift is for the following purposes: (put a line through any of the following you do not want) (i) Transplant (ii) Therapy (iii) Research
ENTER A DURATION OR A CONDITION (IF ANY)	 (iv) Education (5) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or condition I have stated below. This proxy shall expire (specific date or conditions, if desired):
SIGN AND DATE THE DOCUMENT AND PRINT YOUR ADDRESS	(6) Signature Date
WITNESSING PROCEDURE	Statement by Witnesses (must be 18 or older)
Your witnesses must sign and print their addresses	I declare that the person who signed this document appeared to execute the proxy willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence. I am not the person appointed as proxy by this document Witness 1
© 2000 Partnership for Caring, Inc.	Witness 2