

1 AN ACT concerning civil law.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Power of Attorney Act is amended by  
5 changing Section 4-10 as follows:

6 (755 ILCS 45/4-10) (from Ch. 110 1/2, par. 804-10)

7 (Text of Section before amendment by P.A. 96-1195)

8 Sec. 4-10. Statutory short form power of attorney for  
9 health care.

10 (a) The following form (sometimes also referred to in this  
11 Act as the "statutory health care power") may be used to grant  
12 an agent powers with respect to the principal's own health  
13 care; but the statutory health care power is not intended to be  
14 exclusive nor to cover delegation of a parent's power to  
15 control the health care of a minor child, and no provision of  
16 this Article shall be construed to invalidate or bar use by the  
17 principal of any other or different form of power of attorney  
18 for health care. Nonstatutory health care powers must be  
19 executed by the principal, designate the agent and the agent's  
20 powers, and comply with Section 4-5 of this Article, but they  
21 need not be witnessed or conform in any other respect to the  
22 statutory health care power. When a power of attorney in  
23 substantially the following form is used, including the

1 "notice" paragraph at the beginning in capital letters, it  
2 shall have the meaning and effect prescribed in this Act. The  
3 statutory health care power may be included in or combined with  
4 any other form of power of attorney governing property or other  
5 matters.

6 "ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH  
7 CARE

8 (NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE  
9 THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO MAKE  
10 HEALTH CARE DECISIONS FOR YOU, INCLUDING POWER TO REQUIRE,  
11 CONSENT TO OR WITHDRAW ANY TYPE OF PERSONAL CARE OR MEDICAL  
12 TREATMENT FOR ANY PHYSICAL OR MENTAL CONDITION AND TO ADMIT YOU  
13 TO OR DISCHARGE YOU FROM ANY HOSPITAL, HOME OR OTHER  
14 INSTITUTION. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO  
15 EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR  
16 AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN  
17 ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS,  
18 DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT  
19 CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS  
20 NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS  
21 FORM BUT NOT CO-AGENTS, AND NO HEALTH CARE PROVIDER MAY BE  
22 NAMED. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN  
23 THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A  
24 COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY  
25 EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN  
26 AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT, YOUR

1 RIGHT TO REVOKE THOSE POWERS AND THE PENALTIES FOR VIOLATING  
 2 THE LAW ARE EXPLAINED MORE FULLY IN SECTIONS 4-5, 4-6, 4-9 AND  
 3 4-10(b) OF THE ILLINOIS "POWERS OF ATTORNEY FOR HEALTH CARE  
 4 LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM).  
 5 THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF  
 6 POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT  
 7 THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER  
 8 TO EXPLAIN IT TO YOU.)

9 POWER OF ATTORNEY made this .....day of  
 10 .....

11 (month) (year)

12 1. I, .....,

13 (insert name and address of principal)

14 hereby appoint:

15 .....

16 (insert name and address of agent)

17 as my attorney-in-fact (my "agent") to act for me and in my  
 18 name (in any way I could act in person) to make any and all  
 19 decisions for me concerning my personal care, medical  
 20 treatment, hospitalization and health care and to require,  
 21 withhold or withdraw any type of medical treatment or  
 22 procedure, even though my death may ensue. My agent shall have  
 23 the same access to my medical records that I have, including  
 24 the right to disclose the contents to others. My agent shall  
 25 also have full power to authorize an autopsy and direct the  
 26 disposition of my remains. Effective upon my death, my agent

1 has the full power to make an anatomical gift of the following  
2 (initial one):

3 ....Any organs, tissues, or eyes suitable for  
4 transplantation or used for research or education.

5 ....Specific organs: .....

6 (THE ABOVE GRANT OF POWER IS INTENDED TO BE AS BROAD AS  
7 POSSIBLE SO THAT YOUR AGENT WILL HAVE AUTHORITY TO MAKE ANY  
8 DECISION YOU COULD MAKE TO OBTAIN OR TERMINATE ANY TYPE OF  
9 HEALTH CARE, INCLUDING WITHDRAWAL OF FOOD AND WATER AND OTHER  
10 LIFE-SUSTAINING MEASURES, IF YOUR AGENT BELIEVES SUCH ACTION  
11 WOULD BE CONSISTENT WITH YOUR INTENT AND DESIRES. IF YOU WISH  
12 TO LIMIT THE SCOPE OF YOUR AGENT'S POWERS OR PRESCRIBE SPECIAL  
13 RULES OR LIMIT THE POWER TO MAKE AN ANATOMICAL GIFT, AUTHORIZE  
14 AUTOPSY OR DISPOSE OF REMAINS, YOU MAY DO SO IN THE FOLLOWING  
15 PARAGRAPHS.)

16 2. The powers granted above shall not include the following  
17 powers or shall be subject to the following rules or  
18 limitations (here you may include any specific limitations you  
19 deem appropriate, such as: your own definition of when  
20 life-sustaining measures should be withheld; a direction to  
21 continue food and fluids or life-sustaining treatment in all  
22 events; or instructions to refuse any specific types of  
23 treatment that are inconsistent with your religious beliefs or  
24 unacceptable to you for any other reason, such as blood  
25 transfusion, electro-convulsive therapy, amputation,  
26 psychosurgery, voluntary admission to a mental institution,

1 etc.):

- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....

7 (THE SUBJECT OF LIFE-SUSTAINING TREATMENT IS OF PARTICULAR  
 8 IMPORTANCE. FOR YOUR CONVENIENCE IN DEALING WITH THAT SUBJECT,  
 9 SOME GENERAL STATEMENTS CONCERNING THE WITHHOLDING OR REMOVAL  
 10 OF LIFE-SUSTAINING TREATMENT ARE SET FORTH BELOW. IF YOU AGREE  
 11 WITH ONE OF THESE STATEMENTS, YOU MAY INITIAL THAT STATEMENT;  
 12 BUT DO NOT INITIAL MORE THAN ONE):

13 I do not want my life to be prolonged nor do I want  
 14 life-sustaining treatment to be provided or continued if my  
 15 agent believes the burdens of the treatment outweigh the  
 16 expected benefits. I want my agent to consider the relief of  
 17 suffering, the expense involved and the quality as well as the  
 18 possible extension of my life in making decisions concerning  
 19 life-sustaining treatment.

20 Initialed.....

21 I want my life to be prolonged and I want life-sustaining  
 22 treatment to be provided or continued unless I am in a coma  
 23 which my attending physician believes to be irreversible, in  
 24 accordance with reasonable medical standards at the time of  
 25 reference. If and when I have suffered irreversible coma, I  
 26 want life-sustaining treatment to be withheld or discontinued.

1                                   Initialed.....

2             I want my life to be prolonged to the greatest extent  
3 possible without regard to my condition, the chances I have for  
4 recovery or the cost of the procedures.

5                                   Initialed.....

6       (THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU IN THE  
7 MANNER PROVIDED IN SECTION 4-6 OF THE ILLINOIS "POWERS OF  
8 ATTORNEY FOR HEALTH CARE LAW" (SEE THE BACK OF THIS FORM).  
9 ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS  
10 POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER  
11 IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH, AND BEYOND IF  
12 ANATOMICAL GIFT, AUTOPSY OR DISPOSITION OF REMAINS IS  
13 AUTHORIZED, UNLESS A LIMITATION ON THE BEGINNING DATE OR  
14 DURATION IS MADE BY INITIALING AND COMPLETING EITHER OR BOTH OF  
15 THE FOLLOWING:)

16             3. ( ) This power of attorney shall become effective on  
17 .....  
18 .....

19       (insert a future date or event during your lifetime, such as  
20 court determination of your disability, when you want this  
21 power to first take effect)

22             4. ( ) This power of attorney shall terminate on .....  
23 .....

24       (insert a future date or event, such as court determination of  
25 your disability, when you want this power to terminate prior to  
26 your death)

1 (IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAMES AND  
2 ADDRESSES OF SUCH SUCCESSORS IN THE FOLLOWING PARAGRAPH.)

3 5. If any agent named by me shall die, become incompetent,  
4 resign, refuse to accept the office of agent or be unavailable,  
5 I name the following (each to act alone and successively, in  
6 the order named) as successors to such agent:

7 .....  
8 .....

9 For purposes of this paragraph 5, a person shall be considered  
10 to be incompetent if and while the person is a minor or an  
11 adjudicated incompetent or disabled person or the person is  
12 unable to give prompt and intelligent consideration to health  
13 care matters, as certified by a licensed physician. (IF YOU  
14 WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR PERSON, IN THE  
15 EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY,  
16 BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING  
17 PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS  
18 THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND  
19 WELFARE. STRIKE OUT PARAGRAPH 6 IF YOU DO NOT WANT YOUR AGENT  
20 TO ACT AS GUARDIAN.)

21 6. If a guardian of my person is to be appointed, I  
22 nominate the agent acting under this power of attorney as such  
23 guardian, to serve without bond or security.

24 7. I am fully informed as to all the contents of this form  
25 and understand the full import of this grant of powers to my  
26 agent.

1 Signed.....

2 (principal)

3 The principal has had an opportunity to read the above form  
4 and has signed the form or acknowledged his or her signature or  
5 mark on the form in my presence.

6 ..... Residing at.....

7 (witness)

8 (YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND  
9 SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU  
10 INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST  
11 COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE  
12 AGENTS.)

13 Specimen signatures of I certify that the signatures of my  
14 agent (and successors). agent (and successors) are correct.

15 .....

16 (agent) (principal)

17 .....

18 (successor agent) (principal)

19 .....

20 (successor agent) (principal)"

21 (b) The statutory short form power of attorney for health  
22 care (the "statutory health care power") authorizes the agent  
23 to make any and all health care decisions on behalf of the  
24 principal which the principal could make if present and under  
25 no disability, subject to any limitations on the granted powers  
26 that appear on the face of the form, to be exercised in such



1 manner as the agent deems consistent with the intent and  
2 desires of the principal. The agent will be under no duty to  
3 exercise granted powers or to assume control of or  
4 responsibility for the principal's health care; but when  
5 granted powers are exercised, the agent will be required to use  
6 due care to act for the benefit of the principal in accordance  
7 with the terms of the statutory health care power and will be  
8 liable for negligent exercise. The agent may act in person or  
9 through others reasonably employed by the agent for that  
10 purpose but may not delegate authority to make health care  
11 decisions. The agent may sign and deliver all instruments,  
12 negotiate and enter into all agreements and do all other acts  
13 reasonably necessary to implement the exercise of the powers  
14 granted to the agent. Without limiting the generality of the  
15 foregoing, the statutory health care power shall include the  
16 following powers, subject to any limitations appearing on the  
17 face of the form:

18 (1) The agent is authorized to give consent to and  
19 authorize or refuse, or to withhold or withdraw consent to,  
20 any and all types of medical care, treatment or procedures  
21 relating to the physical or mental health of the principal,  
22 including any medication program, surgical procedures,  
23 life-sustaining treatment or provision of food and fluids  
24 for the principal.

25 (2) The agent is authorized to admit the principal to  
26 or discharge the principal from any and all types of

1 hospitals, institutions, homes, residential or nursing  
2 facilities, treatment centers and other health care  
3 institutions providing personal care or treatment for any  
4 type of physical or mental condition. The agent shall have  
5 the same right to visit the principal in the hospital or  
6 other institution as is granted to a spouse or adult child  
7 of the principal, any rule of the institution to the  
8 contrary notwithstanding.

9 (3) The agent is authorized to contract for any and all  
10 types of health care services and facilities in the name of  
11 and on behalf of the principal and to bind the principal to  
12 pay for all such services and facilities, and to have and  
13 exercise those powers over the principal's property as are  
14 authorized under the statutory property power, to the  
15 extent the agent deems necessary to pay health care costs;  
16 and the agent shall not be personally liable for any  
17 services or care contracted for on behalf of the principal.

18 (4) At the principal's expense and subject to  
19 reasonable rules of the health care provider to prevent  
20 disruption of the principal's health care, the agent shall  
21 have the same right the principal has to examine and copy  
22 and consent to disclosure of all the principal's medical  
23 records that the agent deems relevant to the exercise of  
24 the agent's powers, whether the records relate to mental  
25 health or any other medical condition and whether they are  
26 in the possession of or maintained by any physician,

1           psychiatrist, psychologist, therapist, hospital, nursing  
2           home or other health care provider.

3           (5) The agent is authorized: to direct that an autopsy  
4           be made pursuant to Section 2 of "An Act in relation to  
5           autopsy of dead bodies", approved August 13, 1965,  
6           including all amendments; to make a disposition of any part  
7           or all of the principal's body pursuant to the Illinois  
8           Anatomical Gift Act, as now or hereafter amended; and to  
9           direct the disposition of the principal's remains.

10          (Source: P.A. 93-794, eff. 7-22-04.)

11           (Text of Section after amendment by P.A. 96-1195)

12           Sec. 4-10. Statutory short form power of attorney for  
13           health care.

14           (a) The form prescribed in this Section (sometimes also  
15           referred to in this Act as the "statutory health care power")  
16           may be used to grant an agent powers with respect to the  
17           principal's own health care; but the statutory health care  
18           power is not intended to be exclusive nor to cover delegation  
19           of a parent's power to control the health care of a minor  
20           child, and no provision of this Article shall be construed to  
21           invalidate or bar use by the principal of any other or  
22           different form of power of attorney for health care.  
23           Nonstatutory health care powers must be executed by the  
24           principal, designate the agent and the agent's powers, and  
25           comply with Section 4-5 of this Article, but they need not be

1 witnessed or conform in any other respect to the statutory  
2 health care power. When a power of attorney in substantially  
3 the form prescribed in this Section is used, including the  
4 "Notice to the Individual Signing the Illinois Statutory Short  
5 Form Power of Attorney for Health Care" (or "Notice"  
6 paragraphs) at the beginning of the form on a separate sheet in  
7 14-point type, it shall have the meaning and effect prescribed  
8 in this Act. A power of attorney for health care shall be  
9 deemed to be in substantially the same format as the statutory  
10 form if the explanatory language throughout the form (the  
11 language following the designation "NOTE:") is distinguished  
12 in some way from the legal paragraphs in the form, such as the  
13 use of boldface or other difference in typeface and font or  
14 point size, even if the "Notice" paragraphs at the beginning  
15 are not on a separate sheet of paper or are not in 14-point  
16 type, or if the principal's initials do not appear in the  
17 acknowledgement at the end of the "Notice" paragraphs. The  
18 statutory health care power may be included in or combined with  
19 any other form of power of attorney governing property or other  
20 matters.

21 (b) The Illinois Statutory Short Form Power of Attorney for  
22 Health Care shall be substantially as follows:

23 "NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS  
24 STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE

1           PLEASE READ THIS NOTICE CAREFULLY. The form that you will  
2 be signing is a legal document. It is governed by the Illinois  
3 Power of Attorney Act. If there is anything about this form  
4 that you do not understand, you should ask a lawyer to explain  
5 it to you.

6           The purpose of this Power of Attorney is to give your  
7 designated "agent" broad powers to make health care decisions  
8 for you, including the power to require, consent to, or  
9 withdraw treatment for any physical or mental condition, and to  
10 admit you or discharge you from any hospital, home, or other  
11 institution. You may name successor agents under this form, but  
12 you may not name co-agents.

13           This form does not impose a duty upon your agent to make  
14 such health care decisions, so it is important that you select  
15 an agent who will agree to do this for you and who will make  
16 those decisions as you would wish. It is also important to  
17 select an agent whom you trust, since you are giving that agent  
18 control over your medical decision-making, including  
19 end-of-life decisions. Any agent who does act for you has a  
20 duty to act in good faith for your benefit and to use due care,  
21 competence, and diligence. He or she must also act in  
22 accordance with the law and with the statements in this form.  
23 Your agent must keep a record of all significant actions taken  
24 as your agent.

25           Unless you specifically limit the period of time that this  
26 Power of Attorney will be in effect, your agent may exercise

1 the powers given to him or her throughout your lifetime, even  
2 after you become disabled. A court, however, can take away the  
3 powers of your agent if it finds that the agent is not acting  
4 properly. You may also revoke this Power of Attorney if you  
5 wish.

6 The Powers you give your agent, your right to revoke those  
7 powers, and the penalties for violating the law are explained  
8 more fully in Sections 4-5, 4-6, and 4-10(c) ~~4-10(b)~~ of the  
9 Illinois Power of Attorney Act. This form is a part of that  
10 law. The "NOTE" paragraphs throughout this form are  
11 instructions.

12 You are not required to sign this Power of Attorney, but it  
13 will not take effect without your signature. You should not  
14 sign it if you do not understand everything in it, and what  
15 your agent will be able to do if you do sign it.

16 Please put your initials on the following line indicating  
17 that you have read this Notice:

18 .....  
19 (Principal's initials)"

20 "ILLINOIS STATUTORY SHORT FORM  
21 POWER OF ATTORNEY FOR HEALTH CARE

22 1. I, .....,  
23 (insert name and address of principal) hereby revoke all prior

1 powers of attorney for health care executed by me and appoint:

2 .....

3 (insert name and address of agent)

4 (NOTE: You may not name co-agents using this form.)

5 as my attorney-in-fact (my "agent") to act for me and in my  
6 name (in any way I could act in person) to make any and all  
7 decisions for me concerning my personal care, medical  
8 treatment, hospitalization and health care and to require,  
9 withhold or withdraw any type of medical treatment or  
10 procedure, even though my death may ensue.

11 A. My agent shall have the same access to my medical  
12 records that I have, including the right to disclose the  
13 contents to others.

14 B. Effective upon my death, my agent has the full power to  
15 make an anatomical gift of the following:

16 (NOTE: Initial one. In the event none of the options are  
17 initialed, then it shall be concluded that you do not wish to  
18 grant your agent any such authority.)

19 .... Any organs, tissues, or eyes suitable for  
20 transplantation or used for research or education.

21 .... Specific organs: .....

22 .... I do not grant my agent authority to make any  
23 anatomical gifts.

24 C. My agent shall also have full power to authorize an  
25 autopsy and direct the disposition of my remains. I intend for  
26 this power of attorney to be in substantial compliance with

1 Section 10 of the Disposition of Remains Act. All decisions  
2 made by my agent with respect to the disposition of my remains,  
3 including cremation, shall be binding. I hereby direct any  
4 cemetery organization, business operating a crematory or  
5 columbarium or both, funeral director or embalmer, or funeral  
6 establishment who receives a copy of this document to act under  
7 it.

8 D. I intend for the person named as my agent to be treated  
9 as I would be with respect to my rights regarding the use and  
10 disclosure of my individually identifiable health information  
11 or other medical records, including records or communications  
12 governed by the Mental Health and Developmental Disabilities  
13 Confidentiality Act. This release authority applies to any  
14 information governed by the Health Insurance Portability and  
15 Accountability Act of 1996 ("HIPAA") and regulations  
16 thereunder. I intend for the person named as my agent to serve  
17 as my "personal representative" as that term is defined under  
18 HIPAA and regulations thereunder.

19 (i) The person named as my agent shall have the power to  
20 authorize the release of information governed by HIPAA to third  
21 parties.

22 (ii) I authorize any physician, health care professional,  
23 dentist, health plan, hospital, clinic, laboratory, pharmacy  
24 or other covered health care provider, any insurance company  
25 and the Medical Informational Bureau, Inc., or any other health  
26 care clearinghouse that has provided treatment or services to



1 me, or that has paid for or is seeking payment for me for such  
2 services to give, disclose, and release to the person named as  
3 my agent, without restriction, all of my individually  
4 identifiable health information and medical records, regarding  
5 any past, present, or future medical or mental health  
6 condition, including all information relating to the diagnosis  
7 and treatment of HIV/AIDS, sexually transmitted diseases, drug  
8 or alcohol abuse, and mental illness (including records or  
9 communications governed by the Mental Health and Developmental  
10 Disabilities Confidentiality Act).

11 (iii) The authority given to the person named as my agent  
12 shall supersede any prior agreement that I may have with my  
13 health care providers to restrict access to, or disclosure of,  
14 my individually identifiable health information. The authority  
15 given to the person named as my agent has no expiration date  
16 and shall expire only in the event that I revoke the authority  
17 in writing and deliver it to my health care provider. ~~The~~  
18 ~~authority given to the person named as my agent to serve as my~~  
19 ~~"personal representative" as defined under HIPAA and~~  
20 ~~regulations thereunder and to access my individually~~  
21 ~~identifiable health information or authorize the release of the~~  
22 ~~same to third parties shall take effect immediately, even if I~~  
23 ~~designate in Paragraph 3 of this document that this agency~~  
24 ~~shall otherwise take effect at some future date.~~

25 (NOTE: The above grant of power is intended to be as broad as  
26 possible so that your agent will have the authority to make any

1 decision you could make to obtain or terminate any type of  
 2 health care, including withdrawal of food and water and other  
 3 life-sustaining measures, if your agent believes such action  
 4 would be consistent with your intent and desires. If you wish  
 5 to limit the scope of your agent's powers or prescribe special  
 6 rules or limit the power to make an anatomical gift, authorize  
 7 autopsy or dispose of remains, you may do so in the following  
 8 paragraphs.)

9 2. The powers granted above shall not include the following  
 10 powers or shall be subject to the following rules or  
 11 limitations:

12 (NOTE: Here you may include any specific limitations you deem  
 13 appropriate, such as: your own definition of when  
 14 life-sustaining measures should be withheld; a direction to  
 15 continue food and fluids or life-sustaining treatment in all  
 16 events; or instructions to refuse any specific types of  
 17 treatment that are inconsistent with your religious beliefs or  
 18 unacceptable to you for any other reason, such as blood  
 19 transfusion, electro-convulsive therapy, amputation,  
 20 psychosurgery, voluntary admission to a mental institution,  
 21 etc.)

22 .....  
 23 .....  
 24 .....  
 25 .....  
 26 .....

1 (NOTE: The subject of life-sustaining treatment is of  
2 particular importance. For your convenience in dealing with  
3 that subject, some general statements concerning the  
4 withholding or removal of life-sustaining treatment are set  
5 forth below. If you agree with one of these statements, you may  
6 initial that statement; but do not initial more than one. These  
7 statements serve as guidance for your agent, who shall give  
8 careful consideration to the statement you initial when  
9 engaging in health care decision-making on your behalf.)

10 I do not want my life to be prolonged nor do I want  
11 life-sustaining treatment to be provided or continued if my  
12 agent believes the burdens of the treatment outweigh the  
13 expected benefits. I want my agent to consider the relief of  
14 suffering, the expense involved and the quality as well as the  
15 possible extension of my life in making decisions concerning  
16 life-sustaining treatment.

17 Initialed .....

18 I want my life to be prolonged and I want life-sustaining  
19 treatment to be provided or continued, unless I am, in the  
20 opinion of my attending physician, in accordance with  
21 reasonable medical standards at the time of reference, in a  
22 state of "permanent unconsciousness" or suffer from an  
23 "incurable or irreversible condition" or "terminal condition",  
24 as those terms are defined in Section 4-4 of the Illinois Power  
25 of Attorney Act. If and when I am in any one of these states or  
26 conditions, I want life-sustaining treatment to be withheld or

1 discontinued.

2 Initialed .....

3 I want my life to be prolonged to the greatest extent  
4 possible in accordance with reasonable medical standards  
5 without regard to my condition, the chances I have for recovery  
6 or the cost of the procedures.

7 Initialed .....

8 (NOTE: This power of attorney may be amended or revoked by you  
9 in the manner provided in Section 4-6 of the Illinois Power of  
10 Attorney Act. ~~Your agent can act immediately, unless you  
11 specify otherwise; but you cannot specify otherwise with  
12 respect to your "personal representative" under subparagraph  
13 D(iii).~~)

14 3. This power of attorney shall become effective on  
15 .....  
16 .....

17 (NOTE: Insert a future date or event during your lifetime, such  
18 as a court determination of your disability or a written  
19 determination by your physician that you are incapacitated,  
20 when you want this power to first take effect.)

21 (NOTE: If you do not amend or revoke this power, or if you do  
22 not specify a specific ending date in paragraph 4, it will  
23 remain in effect until your death; except that your agent will  
24 still have the authority to donate your organs, authorize an  
25 autopsy, and dispose of your remains after your death, if you  
26 grant that authority to your agent.)

1           4.    This power of attorney shall terminate on.....

2           .....

3           (NOTE: Insert a future date or event, such as a court  
4           determination that you are not under a legal disability or a  
5           written determination by your physician that you are not  
6           incapacitated, if you want this power to terminate prior to  
7           your death.)

8           (NOTE: You cannot use this form to name co-agents. If you wish  
9           to name successor agents, insert the names and addresses of the  
10          successors in paragraph 5.)

11          5.  If any agent named by me shall die, become incompetent,  
12          resign, refuse to accept the office of agent or be unavailable,  
13          I name the following (each to act alone and successively, in  
14          the order named) as successors to such agent:

15          .....

16          .....

17          For purposes of this paragraph 5, a person shall be considered  
18          to be incompetent if and while the person is a minor, or an  
19          adjudicated incompetent or disabled person, or the person is  
20          unable to give prompt and intelligent consideration to health  
21          care matters, as certified by a licensed physician.

22          (NOTE: If you wish to, you may name your agent as guardian of  
23          your person if a court decides that one should be appointed. To  
24          do this, retain paragraph 6, and the court will appoint your  
25          agent if the court finds that this appointment will serve your  
26          best interests and welfare. Strike out paragraph 6 if you do

1 not want your agent to act as guardian.)

2 6. If a guardian of my person is to be appointed, I  
3 nominate the agent acting under this power of attorney as such  
4 guardian, to serve without bond or security.

5 7. I am fully informed as to all the contents of this form  
6 and understand the full import of this grant of powers to my  
7 agent.

8 Dated: .....

9 Signed .....

10 (principal's signature or mark)

11 The principal has had an opportunity to review the above  
12 form and has signed the form or acknowledged his or her  
13 signature or mark on the form in my presence. The undersigned  
14 witness certifies that the witness is not: (a) the attending  
15 physician or mental health service provider or a relative of  
16 the physician or provider; (b) an owner, operator, or relative  
17 of an owner or operator of a health care facility in which the  
18 principal is a patient or resident; (c) a parent, sibling,  
19 descendant, or any spouse of such parent, sibling, or  
20 descendant of either the principal or any agent or successor  
21 agent under the foregoing power of attorney, whether such  
22 relationship is by blood, marriage, or adoption; or (d) an  
23 agent or successor agent under the foregoing power of attorney.

24 .....

25 (Witness Signature)

1 .....  
2

(Print Witness Name)

3 .....  
4

(Street Address)

5 .....  
6

(City, State, ZIP)

7 (NOTE: You may, but are not required to, request your agent and  
8 successor agents to provide specimen signatures below. If you  
9 include specimen signatures in this power of attorney, you must  
10 complete the certification opposite the signatures of the  
11 agents.)

12 Specimen signatures of I certify that the signatures of my  
13 agent (and successors). agent (and successors) are correct.

14 .....  
15

(agent) (principal)

16 .....  
17

(successor agent) (principal)

18 .....  
19

(successor agent) (principal)"

20 (NOTE: The name, address, and phone number of the person  
21 preparing this form or who assisted the principal in completing  
22 this form is optional.)

23 .....  
24

(name of preparer)

25 .....  
26

1 .....  
.....

2 (address)

3 .....  
.....

4 (phone)

5 (c) The statutory short form power of attorney for health  
6 care (the "statutory health care power") authorizes the agent  
7 to make any and all health care decisions on behalf of the  
8 principal which the principal could make if present and under  
9 no disability, subject to any limitations on the granted powers  
10 that appear on the face of the form, to be exercised in such  
11 manner as the agent deems consistent with the intent and  
12 desires of the principal. The agent will be under no duty to  
13 exercise granted powers or to assume control of or  
14 responsibility for the principal's health care; but when  
15 granted powers are exercised, the agent will be required to use  
16 due care to act for the benefit of the principal in accordance  
17 with the terms of the statutory health care power and will be  
18 liable for negligent exercise. The agent may act in person or  
19 through others reasonably employed by the agent for that  
20 purpose but may not delegate authority to make health care  
21 decisions. The agent may sign and deliver all instruments,  
22 negotiate and enter into all agreements and do all other acts  
23 reasonably necessary to implement the exercise of the powers  
24 granted to the agent. Without limiting the generality of the  
25 foregoing, the statutory health care power shall include the  
26 following powers, subject to any limitations appearing on the



1 face of the form:

2 (1) The agent is authorized to give consent to and  
3 authorize or refuse, or to withhold or withdraw consent to,  
4 any and all types of medical care, treatment or procedures  
5 relating to the physical or mental health of the principal,  
6 including any medication program, surgical procedures,  
7 life-sustaining treatment or provision of food and fluids  
8 for the principal.

9 (2) The agent is authorized to admit the principal to  
10 or discharge the principal from any and all types of  
11 hospitals, institutions, homes, residential or nursing  
12 facilities, treatment centers and other health care  
13 institutions providing personal care or treatment for any  
14 type of physical or mental condition. The agent shall have  
15 the same right to visit the principal in the hospital or  
16 other institution as is granted to a spouse or adult child  
17 of the principal, any rule of the institution to the  
18 contrary notwithstanding.

19 (3) The agent is authorized to contract for any and all  
20 types of health care services and facilities in the name of  
21 and on behalf of the principal and to bind the principal to  
22 pay for all such services and facilities, and to have and  
23 exercise those powers over the principal's property as are  
24 authorized under the statutory property power, to the  
25 extent the agent deems necessary to pay health care costs;  
26 and the agent shall not be personally liable for any

1 services or care contracted for on behalf of the principal.

2 (4) At the principal's expense and subject to  
3 reasonable rules of the health care provider to prevent  
4 disruption of the principal's health care, the agent shall  
5 have the same right the principal has to examine and copy  
6 and consent to disclosure of all the principal's medical  
7 records that the agent deems relevant to the exercise of  
8 the agent's powers, whether the records relate to mental  
9 health or any other medical condition and whether they are  
10 in the possession of or maintained by any physician,  
11 psychiatrist, psychologist, therapist, hospital, nursing  
12 home or other health care provider.

13 (5) The agent is authorized: to direct that an autopsy  
14 be made pursuant to Section 2 of "An Act in relation to  
15 autopsy of dead bodies", approved August 13, 1965,  
16 including all amendments; to make a disposition of any part  
17 or all of the principal's body pursuant to the Illinois  
18 Anatomical Gift Act, as now or hereafter amended; and to  
19 direct the disposition of the principal's remains.

20 (Source: P.A. 96-1195, eff. 7-1-11.)

21 Section 99. Effective date. This Act takes effect July 1,  
22 2011.