

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 thisday 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):

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

5Specific 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
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- 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 Initialled.....

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 (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
.....

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.