Medical Power of Attorney (Healthcare Representative)

The Principal appoints the Attorney to act on the Principal's behalf as set out below.

Note: Under the First Schedule of the Information Technology Act, 2000, some documents (such as powers of attorney, trusts, wills and contracts for sale of immovable property) may need a handwritten signature, stamping or registration to be enforceable. Check local requirements before relying on an electronic signature.

Execution. Print this document on stamp paper of the value your state requires (or e-stamp it), sign it by hand before two witnesses, and have it notarised. A power of attorney relating to immovable property must also be registered. This electronic version records the agreed text and the parties' consent.

Principal

FULL NAME

EMAIL

PHONE

PAN

ADDRESS

Attorney

FULL NAME

EMAIL

PHONE

ADDRESS

Scope

If I am unable to make or communicate healthcare decisions, the Attorney will make them for me, following my wishes below.

MY TREATMENT WISHES (LIFE SUPPORT, RESUSCITATION, ORGAN DONATION, RELIGIOUS PREFERENCES)

MY DOCTOR (NAME AND PHONE)

Powers granted

1. Consent to or refuse medical treatment, tests and surgery on my behalf.
2. Access my medical records and speak with doctors.

3. Choose hospitals and care homes.
4. Act as my nominated representative for mental healthcare under the Mental Healthcare Act, 2017.

General

- The Attorney acts in good faith, in the Principal's interest, keeps accounts, and does not mix the Principal's money with their own.
- The Principal ratifies everything the Attorney lawfully does under this power.
- The Principal may revoke this power at any time by written notice to the Attorney and to anyone relying on it.
- Advance directive. A living will for withdrawal of life support must follow the Supreme Court's procedure (signed before two witnesses and attested by a notary or gazetted officer) to be relied on.

VALIDITY

PLACE OF EXECUTION

☐ I accept this appointment and will act in the Principal's best interests.

Principal

SIGNATURE

PRINTED NAME

DATE

Attorney

SIGNATURE

PRINTED NAME

DATE

Witness 1

SIGNATURE

PRINTED NAME

DATE

Witness 2

SIGNATURE

PRINTED NAME

DATE