

HEALTH CARE INSTRUCTIONS
AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I, _____, understand that, as a competent adult, I have the right to make decisions about my health care. The time may come when I am unable to make or communicate decisions about my health care. I, being of sound mind, make this statement as a directive to be followed if I become unable to participate in or communicate decisions regarding my medical care. These are my health care instructions, including those concerning the withholding or withdrawal of life support systems, together with the appointment of my Health Care Representative for health care decisions under Conn. Gen. Stat. § 19a-576, as amended, and the designation of my conservator of the person for future incapacity.

These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated herein. If I am a) in a terminal condition; b) permanently unconscious; or c) if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes, I direct that treatment be withheld or withdrawn that serves only to prolong the process of my dying, and that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments, if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want artificial means of providing nutrition and hydration.

I do not want antibiotics [if they would serve only to prolong my suffering, but I would want antibiotics if they would improve my quality of life, provide comfort and relieve unnecessary pain].

I want palliative care, including maximum pain relief.

If I am pregnant, (a) I intend to accept life support systems if my attending physician believes that doing so would allow my fetus to reach a live birth (b) I intend this document to apply without modifications OR (c) I intend this document to apply as follows [FILL IN] [CHOOSE ONE].

If my attending physician determines that I am unable to receive and effectively evaluate information pertaining to any health care decision or to effectively and rationally communicate such decisions, I appoint _____, of _____, _____, to be my Health Care Representative, with legal authority to make health care decisions on my behalf. _____'s telephone number is _____.

If _____ is unwilling or unable to serve as my Health Care Representative, I appoint _____, of _____, _____, as my Health Care Representative. _____'s telephone number is: _____.

My Health Care Representative is authorized to make any and all health care decisions for me, including decisions to accept or to refuse to accept any treatment, service or procedure used to diagnose or treat my physical or mental condition, and decisions to provide, withhold or withdraw life-sustaining measures. Therefore, if I am in the condition(s) described above, or if I suffer from advanced dementia and, in the opinion of my Health Care Representative, my quality of life is diminished to the point that

I would, if I were able to do so, request the withdrawal of any medical treatment, my Health Care Representative is authorized to do so on my behalf. I direct my Health Care Representative to make decisions on my behalf in accordance with my wishes as stated in this document, or as otherwise known to him or her. In the event my wishes are not clear, or a situation arises that I did not anticipate, my Health Care Representative is authorized to make decisions in my best interests, based upon what is known of my wishes. My Health Care Representative is also authorized to act as my "personal representative" as such term is defined under the Health Insurance Portability and Accountability Act of 1996, as amended.

If a conservator of my person should need to be appointed, I designate _____ as conservator of my person. If [he/she] is unable or unwilling to serve, I designate _____ as conservator of my person in [his/her] stead. My designated conservator shall not be required to give any bond.

I hereby revoke all appointments of health care representative previously granted by me.

I make this appointment of Health Care Representative and express my directions as to medical treatment, after careful reflection, while I am of sound mind. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it.

Signed: _____ Date: _____

This document was signed in our presence by _____, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed, and who appeared to be under no improper influence. We have subscribed this document in [his/her] presence and at [his/her] request and in the presence of each other.

Witness: _____

Address: _____

Witness: _____

Address: _____

STATE OF CONNECTICUT)

: ss: Town of _____

COUNTY OF LITCHFIELD)

We, the within named _____ and _____, being duly sworn, say that we witnessed the execution of the foregoing document concerning health care instructions and appointment of a health care representative by _____; that he/she subscribed, published and declared the same to be his/her instructions in our presence; that we thereafter subscribed the document as witnesses in his/her presence, at his/her request, and in the presence of each other; that at the time of the execution of said document he/she appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and that we make this affidavit at his/her request.

Subscribed and sworn to before me this ____ day of _____, 2020.

Notary Public
Commissioner of the Superior Court