Department of Health, Division of Health Licensure and Regulation

# APPOINTMENT OF HEALTH CARE AGENT

I, _____, give my agent, named below, permission to make health care decisions for me, if I cannot make decisions for myself; including any health care decision that I could have made for myself if able. If my agent is unavailable or unwilling to serve, the alternate named below will take the agent's place.

AGENT:

Name:_____

Address:_____

City:_____State:____Zip Code:_____

Home Phone:(_____)_____

Work Phone:(_____)_____

Mobile Phone:(_____)_____

ALTERNATE:

Name:_____

Address:_____

City:_____State:____Zip Code:_____

Home Phone:(_____)_____

Work Phone:(_____)_____

Mobile Phone:(_____)_____

_____
Print/Type Patient's Name

_____
Signature of Patient (must be at least 18 or emancipated minor)

**To be legally valid, either block A or block B must be properly completed and signed.**

**BLOCK A - Witnesses (2 witnesses required)**

1. I am a competent adult who is not named above. I witnessed the patients's signature on this form.

_____
Print/Type Witnesses Name

_____
Signature of Witness Number 1 Date

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption, and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil by operation of law. I witnessed the patient's signature on this form.

_____
Print/Type Witnesses Name

_____
Signature of Witness Number 2 Date

**BLOCK B - Notarization**

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this intrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury, that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My Commission Expires:_____

Notary Public Seal
Placed Here

_____
(Signature of Notary Public)