

Arizona Health Care Power of Attorney
Living Will
Directions for Disposition of Body at Death

1. Health Care Power of Attorney

I, _____, as principal, designate _____ as my agent for all matters relating to my health care, including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint _____ as my agent.

I have _____ I have not _____ completed and attached a living will for purposes of providing specific direction to my agent in situations that may occur during any period when I am unable to make or communicate health care decisions or after my death. My agent is directed to implement those choices I have initialed in the living will.

I have _____ I have not _____ completed a pre-hospital medical care directive pursuant to section 36-3251, Arizona Revised Statutes.

This health care directive is made under section 36-3221, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

Signature of Principal

Witness: _____ Date: _____

_____ Time: _____

Address: _____

Address of Agent _____ Telephone _____

Witness: _____

Address: _____ Telephone _____

(Note: This document may be notarized instead of being witnessed.)

2. Autopsy (under Arizona law an autopsy may be required)

If you wish to do so, reflect your desires below:

- _____ 1. I do not consent to an autopsy.
- _____ 2. I consent to an autopsy.
- _____ 3. My agent may give consent to or refuse an autopsy.

3. Organ Donation (Optional)

(Under Arizona law, you may make a gift of all or part of your body to a bank or storage facility or a hospital, physician or medical or dental school for transplantation, therapy, medical or dental evaluation or research or for the advancement of medical or dental science. You may also authorize your agent to do so or a member of your family may make a gift unless you give them notice that you do not want a gift made. In the space below you may make a gift yourself or state that you do not want to make a gift. If you do not complete this section, your agent will have the authority to make a gift of a part of your body pursuant to law. Note: The donation elections you make in this health care power of attorney survive your death.)

If any of the statements below reflects your desire, initial on the line next to that statement. You do not have to initial any of the statements. If you do not check any of the statements, your agent and your family will have the authority to make a gift of all or part of your body under Arizona law.

_____ I do not want to make an organ or tissue donation and I do not want my agent or family to do so.

_____ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution: _____

_____ Pursuant to Arizona law, I hereby give, effective on my death:

_____ Any needed organ or parts.

_____ The following part or organs listed:

for (check one):

Any legally authorized purpose.

Transplant or therapeutic purposes only.

4. **Physician Affidavit** (OPTIONAL)

(It is a good idea to ask your physician to complete this affidavit and keep a copy for his file.)

I, Dr. _____ have reviewed this guidance document and have discussed with _____ any questions regarding the probable medical consequences of the treatment choices provided above. This discussion with the principal occurred on _____.

(Date)

I have agreed to comply with the provisions of this directive.

Signature of Physician

5. **Living Will** (Optional. Section 36-3262, Arizona Revised Statutes, has a sample living

A person may write and use a living will without writing a health care power of attorney or may attach a living will to the person's health care power of attorney. If a person has a health care power of attorney, the agent must make health care decisions that are consistent with the person's known desires and that are medically reasonable and appropriate. A person can, but is not required to, state the person's desires in a living will. The following form is offered as a sample only and does not prevent a person from using other language or another form:

Living Will

(Some general statements concerning your health care options are outlined below. If you agree with one of the statements, you should initial that statement. Read all of these statements carefully before you initial your selection. You can also write your own statement concerning life-sustaining treatment and other matters relating to your health care. You may initial any combination of paragraphs 1, 2, 3 and 4 but if you initial paragraph 5 the others should not be initialed.)

1. If I have a terminal condition I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.

2. If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:

(a) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.

_____ (b) Artificially administered food and fluids.

_____ (c) To be taken to a hospital if at all avoidable.

_____ 3. Notwithstanding my other directions, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

_____ 4. Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.

_____ 5. I want my life to be prolonged to the greatest extent possible.

Other or Additional Statements of Desires

I have _____ I have not _____ attached additional special provisions or limitations to this document to be honored in the absence of my being able to give health care directions.

6. Disposition of my Body at Death

(Section 32-1365.01 permits legally competent adults to direct the manner in which their bodies are disposed of at death, including cremation or any lawful form of disposition. Such directions are sufficient permission for any crematory, cemetery, or funeral establishment to carry out your wishes **without** any additional permission or authorization from another person. Arizona law immunizes cemeteries, crematories, or funeral establishments from any civil liability if they rely on these written directions in carrying out your wishes).

I, _____, do direct that upon my death my body shall be:

_____ cremated

_____ buried whole in a cemetery

_____ donated to medical science

Additional instructions (optional)

Signature

(Date)