POWER OF ATTORNEY FOR HEALTHCARE STATEMENTS

POWER OF ATTORNEY FOR HEALTHCARE STATEMENT OF ACTIVATION

I have personally examined _____(patient's name) and certified that the patient meets the statutory definition of incapacity, in that the patient is unable to receive and evaluate information effectively or to communicate decisions to such an extent that the patient lacks the capacity to manage his or her health care decisions.

I am not a relative of this patient and do not have knowledge that I am entitled to or have a claim on any portion of the patient's estate.

Provider Signature: _____ Date_____

Print Provider Name: _____

A COPY OF THIS STATEMENT MUST BE ATTACHED TO THE POWER OF ATTORNEY FOR HEALTHCARE

RMCHCS
Rehoboth McKinley
Christian Health Care Services

POWER OF ATTORNEY FOR HEALTHCARE STATEMENT OF DE-ACTIVATION

I have personally examined _____ (patient's name) and certified that the patient no longer meets the statutory definition of incapacity, in that the patient is again able to receive and evaluate information effectively or to communicate decisions to such extent that the patient now possesses the capacity to manage his or her health care decisions.

I am not a relative of this patient and do not have knowledge that I am entitled to or have a claim on any portion of the patient's estate.

Provider Signature: _____ Date: _____

Print Provider Name: _____

A COPY OF THIS STATEMENT MUST BE ATTACHED TO THE POWER OF ATTORNEY FOR HEALTHCARE

RMCHCS
Rehoboth McKinley
Christian Health Care Services