



Acceptance of Durable Power of Attorney for Health Care (Patient Advocate)

I agree to be the Patient Advocate for:

(Name of Patient)

I accept the Patient's designation of me as Patient Advocate.

I understand and agree to take reasonable steps to follow the decisions and instructions of the Patient as indicated in the Patient Advocate Form, in other written instructions of the Patient, and as we have discussed verbally.

If I am unavailable to act after reasonable efforts have been made to contact me, I delegate my authority to the persons the Patient had designated as successor Patient Advocate in the order designaed. The successor Patient Advocate is authorized to act until I become available to act.

Patient Advocate _____

Sign Name _____

Print Name _____

Address _____

Home Phone _____

Work Phone _____

Successor Patient Advocate _____

Sign Name _____

Print Name _____

Address _____

Home Phone _____

Work Phone _____

I also understand and agree that:

1. This designation shall not become effective unless the Patient is unable to participate in medical treatment decisions.
- 2.. A Patient Advocate shall not exercise powers concerning the patient's care, custody, and medical treatment that the Patient, if the Patient were able to participate in the decision, could not have exercised on his or her own behalf.
3. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a Patient who is pregnant that would result in the pregnant Patient's death.
4. A Patient Advocate may make a decision to withhold or withdraw treatment which would allow a Patient to die only if the patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the Patient acknowledges that such a decision could or would allow their death.
5. A Patient Advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a Patient Advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.
6. A Patient Advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the Patient and shall act consistent with the Patient's best interests. The known desires of the Patient expressed or evidenced while the Patient is able to participate in medical treatment decisions are presumed to be in the Patient's best interests.
7. A Patient may revoke his or her designation at any time and in any manner sufficient to communicate intent to revoke.
8. A Patient Advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate intent to revoke.
9. A Patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Section 333.20201 of the Michigan Compiled Laws.