



## HEALTH CARE PROXY DESIGNATION AND ACCEPTANCE

Pursuant to Chapter 765, Florida Statutes, this hospice may designate an individual who shall be responsible for making health care decisions on behalf of \_\_\_\_\_ (patient).

In light of the fact that he/she is no longer able to make informed decisions regarding his/her health care needs, this hospice wishes to designate you as the health care proxy. At this time, you have agreed to accept the position of the Designated Health Care Proxy on behalf of him/her by signing the Acceptance below. By accepting this position, you will be required to comply with Florida Statute 765.401, a copy of which is below.

\_\_\_\_\_  
Hospice of the Comforter Representative/Title

\_\_\_\_\_  
Date

### ABSENCE OF ADVANCE DIRECTIVE (765.401 The Proxy)

- (1) If the patient has not executed an advance directive, or designated a surrogate to execute an advance directive or the designated or alternate surrogate is no longer available to make health care decisions, health care decisions may be made for the patient by any of the following individuals, in the following order of priority, if no individual in a prior class is reasonably available, willing or competent to act:
  - (a) The judicially appointed guardian of the patient, who has been authorized to consent to medical treatment, if such guardian has been previously appointed; however, this paragraph shall not be construed to require such appointment before a treatment decision can be made under this subsection;
  - (b) The patient's spouse;
  - (c) An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
  - (d) The parent of the patient;
  - (e) The adult sibling of the patient or, if the patient has more than one sibling, a majority of the adult siblings who are reasonably available for consultation;
  - (f) An adult relative of the patient who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health and religious or moral beliefs; or
  - (g) A close friend of the patient.
- (2) Any health care decision made under this part must be based on the proxy's informed consent and on the decision the proxy reasonably believes the patient would have made under the circumstances. A proxy's decision to withhold or withdraw life prolonging procedures must be supported by clear and convincing evidence that the decision would have been the one the patient would have chosen had he/she been competent (765.205 and 765.305); or if there is no indication of what the patient would have chosen, that the decision is in the patients best interest.
- (3) Before exercising the incapacitated patient's rights to select or decline health care, the proxy must comply with the pertinent provisions applicable to surrogates under this chapter.

### ACCEPTANCE OF HEALTH CARE PROXY DESIGNATION

I, \_\_\_\_\_, do hereby accept my appointment as Health Care Proxy  
(printed proxy name)

on behalf of \_\_\_\_\_ signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature of Proxy

Patient Name \_\_\_\_\_

Patient # \_\_\_\_\_