

Power of Attorney for Healthcare Management

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby designate [Agent's Full Name], residing at [Agent's Address], as my attorney-in-fact for healthcare matters.

This Power of Attorney grants my agent the authority to make healthcare decisions on my behalf if I am unable to do so. This includes, but is not limited to:

- Accessing my medical records
- Choosing healthcare providers
- Making decisions regarding medical treatments and procedures

This authority shall be effective immediately and shall remain in effect until revoked by me in writing.

I affirm that I am of sound mind and acting under no undue influence or duress.

Signed,

[Your Full Name]

Witness: _____

[Witness Full Name]

[Witness Address]

Date: _____