

Attachment to the LIVING WILL & HEALTH CARE POWER OF ATTORNEY of

{Print your name – You are the principal}

AUTHORIZING INPATIENT PSYCHIATRIC CARE

When I cannot make my own mental health care treatment decisions, I want all such decisions to be made for me by my health care agent or, if I have appointed an alternate agent and my health care agent is unavailable or unwilling to serve, by my alternate health care agent.

{You must initial the following paragraph if your want your agent to be able to seek inpatient psychiatric hospital care for you when you are not able to make your own mental health care treatment decisions.}

_____ I want admission to a “level one behavioral health care facility” (inpatient psychiatric hospitals are called “level one behavioral health care facilities” in Arizona licensure statutes) if a physician determines that this is in my best interests, and my agent agrees, at a time when I am unable to make my own mental health care treatment decisions, even if I oppose this.

Sign here in the presence of your witness.

Date

STATEMENT OF WITNESS: I personally know the principle, and I believe him/her to be of sound mind and to have voluntarily (not under duress, fraud or undue influence) completed this health care power of attorney. I affirm that I am at least 18 years old, not related to him/her by blood, marriage or adoption, and not an agent named in this directive. I am not, to my knowledge, a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care.

Witness signature

Date

Print witness name

Phone

Address

{If you complete this page, attach it to your Living Will and Health Care Power of Attorney.}

INSTRUCTIONS FOR USING THE ATTACHMENT

“AUTHORIZING INPATIENT PSYCHIATRIC HOSPITALIZATION”

This attachment is intended for use *only* in conjunction with Dorothy Garske Center’s Living Will and Health Care Power of Attorney form or the early editions of this form that were titled “Health Care Directive” and “Power of Attorney for Health Care Decisions.” An adult who is currently able to make her or his own health care decisions may complete the attachment. **If you do not have a health care power of attorney, this attachment will not work. Do not use it. If the paragraph authorizing admission to a “level one behavioral health care facility,”¹ does not state your wish, do not use this attachment.** Your health care agent has the authority to make all other mental health care treatment decisions in accordance with the terms of your health care power of attorney.

If you are completing this attachment *at the same time* you complete your Living Will & Health Care Power of Attorney...

Complete and execute this attachment at the same time you complete your Living Will & Health Care Power of Attorney. At the time you sign your document, your witness CANNOT be:

- a. Your agent or alternate agent
- b. Directly involved in providing your health care
- c. Related to you by blood, marriage, or adoption
- d. Someone who will inherit anything from your estate should you die

If you cannot find anyone who meets *all* of these requirements, any two adults neither of whom is your health care agent may witness your document.

If you are completing this attachment *after* you have completed your Living Will & Health Care Power of Attorney...

You are amending your original Living Will & Health Care Power of Attorney. In addition to completing, signing, and witnessing the attachment, sign and date your Living Will & Health Care Power of Attorney near your original signature. Have your witness for the attachment, who need not be the person who witnessed your original your Living Will & Health Care Power of Attorney, witness this signature as well. The restrictions on whom may serve as witness are listed above.

Give a copy of your completed attachment to everyone who has a copy of your Living Will & Health Care Power of Attorney. (The Garske Center kit included a form for recording the names of those you have given copies of your document.) Keep the original of the attachment with the original of your Living Will & Health Care Power of Attorney.

If this attachment and your complete Living Will & Health Care Power of Attorney forms do not adequately express your mental health care treatment wishes, please seek assistance from an attorney with expertise in mental health care law in drafting a new document or amendments to your current document.

¹ Inpatient psychiatric hospitals are called “level one behavioral health care facilities” in Arizona licensure statutes.