



Patient Label or Patient Identifiers

Appointment of Health Care Agent

Tennessee

I, _____, hereby give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

← Print or type your full name here.

Agent -----

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____
Work Phone: (____) _____
Mobile Phone: (____) _____

You can name someone to make health care decisions for you in case you cannot make decisions for yourself. This person is called an "agent." To appoint an agent, you must be at least 18 or an emancipated minor.

Alternate Agent -----

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____
Work Phone: (____) _____
Mobile Phone: (____) _____

You may name a second (alternate) agent in case your first agent is unable or unwilling to make health care decisions for you.

To be legally valid, either Block A or Block B on the next page must be properly completed and signed.

You must sign this form on the next page. You can either sign in front of 2 witnesses or have a notary public notarize your signature.

Vanderbilt Health
Appointment of Health Care Agent
 Advance Directive (P) - Appointment of Healthcare Agent

Patient Identifiers

Patient's name: _____
(Please print or type. Must be at least 18 or an emancipated minor)

_____ Date _____ Time _____
 Patient signature

To be legally valid, either Block A or Block B below must be properly completed and signed.

You must sign and date this form and write the time here. You can either sign in front of 2 witnesses or have a notary public notarize your signature

Block A: Witnesses

1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.

Print or type name: _____

_____ Date _____ Time _____
 Witness #1 signature

If you sign in front of 2 witnesses, your agent cannot be one of your witnesses.

At least one of your 2 witnesses cannot be related to you or be your beneficiary.

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption, and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Print or type name: _____

_____ Date _____ Time _____
 Witness #2 signature

Block B: Notarization

STATE OF TENNESSEE, COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Print or type name: _____

_____ Date _____ Time _____
 Notary public signature

If you do not sign in front of 2 witnesses, you must have a notary public notarize your signature.

After you have signed the form, and it has been witnessed or notarized:

- give a copy to your doctor
- put a copy in your files where others can find it
- tell your family and friends what is in it
- give a copy to your agent(s).