

Scott Walker  
Governor

Linda Seemeyer  
Secretary



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Department of Health Services

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1 WEST WILSON STREET  
P O BOX 2659  
MADISON WI 53701-2659

Telephone: 608-266-1251  
Fax: 608-267-2832  
TTY: 711 or 800-947-3529  
dhs.wisconsin.gov

## Instructions to Complete the Power of Attorney for Health Care Form

To Whom It May Concern:

Chapter 455, a partnership thereof, a corporation thereof that provides health care services, an operational cooperative sickness care plan organized under State Statute 185.981 to 185.985 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in State Statute 50.49 (1) (a). 'Incapacity' means the inability to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions. 'Feeding tube' means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of the declarant.

**Who may sign a Power of Attorney for Health Care?** An individual who is of sound mind and has attained age 18 may voluntarily execute a Power of Attorney for Health Care. An individual for whom an adjudication of incompetence and appointment of a guardian of the person is in effect under State Statute Chapter 54 is presumed not to be of sound mind.

**Procedure for signing a Power of Attorney for Health Care** The principal (person creating the Power of Attorney for Health Care) and the witnesses all must sign the form at the same time.

**When does it take effect?** Unless otherwise specified in the Power of Attorney for Health Care instrument (form), an individual's Power of Attorney for Health Care takes effect upon a finding of incapacity by 2 physicians, as defined in State Statute 448.01 (5), or one physician and one licensed psychologist, as defined in State Statute.455.01 (4), who personally examine the principal and sign a statement specifying that the principal has incapacity. Mere old age, eccentricity, or physical disability, either singly or together, is insufficient # c4

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Division of Public Health  
F-00085 (Rev. 06/11)

**POWER OF ATTORNEY FOR HEALTH CARE**

Document made this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

**CREATION OF POWER OF ATTORNEY FOR HEALTH CARE**

## **GENERAL STATEMENT OF AUTHORITY GRANTED**

Unless I have specified otherwise in this document, if I ever have incapacity I instruct my health care provider to obtain the health care decision of my health care agent, if I need treatment, for all of my health care and

## **PROVISION OF FEEDING TUBE**

If I have checked "Yes" to the following, my health care agent may have a feeding tube withheld or withdrawn from me, unless my physician has advised that, in his or her professional judgment, this will cause me



Failure to execute a power of attorney for health care document under chapter 155 of the Wisconsin Statutes