

Further, my agent shall not be liable for the costs of treatment pursuant to his/her authorization, based solely on that authorization.

OPTION: Powers of my agent: (Cross through any language you do not want and add any language you do want.)

The powers of my agent shall include the following:

- A. To consent to or refuse or withdraw consent to any type of medical care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including but not limited to artificial respiration, artificially administered nutrition and hydration, and cardiopulmonary resuscitation. This authorization specifically includes the power to consent to the administration of dosages of pain-relieving medication in excess of recommended dosages in an amount sufficient to relieve pain, even if such medication carries the risk of addiction or inadvertently hastens my death;
- B. To request, receive, and review any information, verbal or written, regarding my physical or mental health, including but not limited to medical and hospital records, and to consent to the disclosure of this information;
- C. To employ and discharge my health care providers;
- D. To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, adult home or other medical care facility for services other than those for treatment of mental illness requiring admission procedures provided in Article 1 (§ 37.1-63 et seq.) of Chapter 2 of Title 37.1;
- E. To make decisions about who may visit me, subject to physician orders and policies of any institution to which I am admitted.
- F. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

(Cross through this box if you do not want to appoint an agent to make an anatomical gift or organ, tissues or eye donation for you.)

Appointment of Agent to Make Anatomical Gift

Upon my death, I direct that an anatomical gift of all of my body or certain organ, tissue or eye donation may be made pursuant to applicable Virginia law governing anatomical gifts (§ 32.1-289 et seq.) and in accordance with my directions, if any. I hereby appoint

_____ as my agent, of

Address _____ Phone number _____
to make any such anatomical gift or organ, tissue or eye donation following my death.

I further direct that: _____
(Declarant's directions, if any, concerning anatomical gift or organ, tissue or eye donation)

This advance directive shall not terminate in the event of my disability. By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

Date _____ Signature of declarant _____
The declarant signed the foregoing advance directive in my presence. I am not the spouse or a blood relative of the declarant.

Witness _____

Witness _____