His Branches Health Services

Grace Family Medicine
340 Arnett Blvd., Rochester, NY 14619
Phone: (585) 235-2250 ● Fax: (585) 235-0011
Web: www.gfm3.org

Joy Family Medicine
918 N Goodman St., Rochester, NY 14609
Phone: (585) 697-0004 ● Fax: (585) 697-0046
Web: www.joymed.org

HEALTH CARE PROXY

I, _____ (name of patient), hereby appoint _____

_____
Name, Home Address, and Telephone Number of Appointee

as my health care agent to make all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

Optional Instructions: I direct my proxy to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

_____

_____

_____

Name of Substitute or fill-in proxy if the person I appoint above is unable, unwilling, or unavailable to act as my health care agent.

_____
Name, Home Address, and Telephone Number of Substitute Appointee

Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired):

_____

Signature: _____

Address: _____

Date: _____

Statement of Witnesses (must be at least 18 years old and not a medical provider):

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Signature Witness 1: _____

Name and Address: _____

Signature Witness 2: _____

Name and Address: _____