

The Health Care Proxy Law

A Guidebook For Health Care Professionals

January 1991

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Introduction

The Health Care Proxy Law, Article 29-C of the New York Public Health Law, enables competent adults to protect their health care wishes by appointing someone they trust — a health care agent — to decide about treatment on their behalf when they are unable to decide for themselves. Unless stated otherwise, a health care agent can make all decisions that the patient could make while competent. This guidebook, prepared by the New York State Department of Health and the New York State Task Force on Life and the Law, provides health care professionals with information about the Proxy Law.

The Department of Health has also prepared a proxy form and information about the law for patients and family members. A copy of the form appears as Appendix A to this guidebook. You can obtain additional copies at your facility or by writing to the Department of Health at:

The New York State Department of Health
Box 2000
Albany, NY 12220

The Proxy Law is based on recommendations by the New York State Task Force on Life and the Law. If you want information about the ethical, legal and policy considerations underlying the law, you can obtain a copy of the Task Force’s report, “Life-Sustaining Treatment: Making Decisions and Appointing a Health Care Agent,” by writing to the Task Force at: 5 Penn Plaza, 3rd Floor, New York, NY 10001-1803.

Understanding The Basics

The Health Care Proxy Law establishes a decision-making process that allows competent adults to appoint an agent to decide about health care in the event they become unable to decide for themselves. The Proxy Law does not affect any other rights that adults have to make or express decisions about health care, including decisions about life- sustaining treatment.

The Proxy Law covers decisions to consent or refuse to consent to any treatment, service or procedure to diagnose or treat an individual's physical or mental condition. The law applies to all individuals or facilities licensed, certified, or otherwise permitted by law to provide health care. As used in the Proxy Law, the term "health care provider" refers to both individuals and facilities.

Health care providers must comply with health care decisions made in good faith by an agent to the same extent as decisions made by the patient. The Proxy Law protects health care providers from civil and criminal liability, and liability for unprofessional conduct, for honoring in good faith decisions by an agent, or for other actions taken in good faith in accordance with the law.

Attending physicians have special responsibilities under the law. As defined by the Proxy Law, an attending physician is the physician, selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. If more than one physician shares this responsibility, or if a physician is acting on the attending physician's behalf, any of these physicians may act as the patient's attending physician.

Benefits of Appointing a Health Care Agent

Benefits for Patients

Individuals can control their medical treatment by:

- ensuring that someone can decide about life-sustaining treatment if they are unable to decide for themselves;
- choosing one family member to decide about treatment because they think that person would make the best decisions, or because they want to avoid conflict or confusion about who should decide; or
- choosing someone outside the family to decide about treatment because no one in the family is available or because they prefer that someone other than a family member decide about their health care.

Benefits for Health Care Professionals

The health care proxy meets the needs of health care professionals by:

- clarifying who should decide for an incapable patient;
- providing legal guidance and protection for health care providers; and
- providing a vehicle for professionals and patients to plan for the patient's future incapacity.

Q: Does a health care proxy cover only decisions to withhold or withdraw life-sustaining treatment?

No. Unless stated otherwise by the person who creates the proxy, an agent can make all health care decisions that the patient could make while competent, from routine treatment decisions to decisions about life-sustaining treatment.

Q: Is a health care proxy only a way for patients to refuse life-sustaining treatment?

No. The proxy is a vehicle to plan for the loss of decision-making capacity. It is just as valuable for people who want to receive treatment, for those who want to choose a particular family member to decide about treatment, and for individuals who wish to authorize someone from outside the family to make health care decisions.

Q: Are health care professionals who provide home care covered by the Proxy Law?

Yes.

Q: Should proxies be honored when patients are admitted to the emergency room?

Physicians may honor decisions by a health care agent in the emergency room if the patient's diagnosis and prognosis can be determined, enabling the agent to make an informed decision. If delay to obtain information will harm the patient, treatment should be provided in accord with accepted medical standards.

Q: Does the Proxy Law affect the validity of living wills?

No. The Proxy Law does not affect an individual's right to create a living will, or the obligation of health care providers to honor the documents.

Q: *What if someone creates a health care proxy and a living will?*

The documents work together. The proxy authorizes the agent to decide about treatment and the living will provides guidance to the agent about the patient's health care wishes. If no agent is appointed or available, and the treatments and medical circumstances that arise are the same as or qualitatively similar to those covered in the living will, the living will provides legally valid instructions about treatment.

Q: *Can a health care agent authorize active euthanasia?*

No. The agent's right to decide about treatment is no greater than that of a competent patient. New York law prohibits active euthanasia and assisted suicide.

Q: *Who should get copies of the signed health care proxy?*

Individuals should give copies of their proxy to their agent, their alternate agent, and the health care professionals who routinely provide care to the individual.

Q: *Must health care professionals have the original signed proxy form in order to rely on the document?*

No. They can rely on a copy.

Creating a Health Care Proxy

A health care agent is appointed by a written document called a health care proxy. The Proxy Law calls the person who creates a proxy the “principal.” Any competent adult can appoint an agent. Adults are presumed competent to create a health care proxy unless they have been found otherwise by a court.

Informing Patients and Families about the Proxy Law

Ideally, individuals will create a health care proxy before they confront serious illness and are admitted to a hospital. Physicians can play an important role in this process by discussing the proxy with patients during routine office visits.

Many individuals will learn about the health care proxy only after admission to a health care facility. To assist these individuals, the Department of Health has prepared information about the Proxy Law, a proxy form and instructions about filling out the form. Health care facilities must give this information to patients or their families at or prior to admission, or in a reasonable time thereafter.

Completing a Health Care Proxy Form

Individuals can use the proxy form prepared by the Department of Health, but are not required to do so. All health care proxies must contain the basic information described in the box on the next page. When a patient signs a proxy in a facility, he or she should be given a copy of the completed form.

A proxy may, but need not, include wishes or instructions about treatment or statements about the agent’s decision-making authority. For example, the proxy can include instructions about when a treatment should be provided or withdrawn, or it may clarify that the agent has the authority to decide about some treatments and not others. An agent can decide about artificial nutrition and hydration only if he or she has reasonable knowledge of the patient’s wishes, as presented on the proxy form or as otherwise known to him or her.

Essential Elements of a Health Care Proxy

- Name of adult who creates the proxy (the principal).
- Name of agent.
- Statement that principal intends agent to make health care decisions for him or her.
- Principal's signature and date of signature.
- Signature of two witnesses, date, and statement by witnesses that the principal appeared to execute the proxy willingly. Neither the agent nor alternate agent can serve as witnesses.

The proxy must be signed with the witnesses present. At the patient's request, an adult can sign the proxy for the patient if the patient is unable to sign.

Optional Elements of a Health Care Proxy

- Statement of the principal's treatment wishes or limitations on the agent's authority.
- Designation of alternate agent.
- Expiration date or description of circumstances that trigger expiration.
- Signature of the health care agent.

Choosing a Health Care Agent

The health care agent must be an adult. Individuals should choose a person they trust to protect their wishes and interests.

An operator, administrator or employee of a general hospital, nursing home, mental hygiene facility or hospice may not serve as agent for any person who is a patient at the facility, unless the patient is related to the person they wish to appoint, or the patient created the proxy before being admitted to, or applying for admission to, the facility.

Physicians are the only exception to this rule. A patient can appoint his or her physician as agent, but the physician cannot serve as both the agent and the attending physician of a patient after the agent's decision-making authority begins. Any physician who has been appointed as a patient's agent cannot determine the patient's capacity to make health care decisions.

Each person can appoint only one agent, but individuals may name an alternate agent. The alternate serves in place of the agent if one of three circumstances occurs.

- The attending physician determines that the agent is not reasonably available, willing and competent to serve, and is not expected to become so in a manner that will permit him or her to make a timely decision given the patient's medical circumstances. This determination must be in writing and signed by the physician.
- A court disqualifies the agent from serving.
- Conditions described by the patient in the proxy occur. For example, the patient could specify that the alternate will serve if the agent moves out of state.

If the person appointed as the original agent becomes available to serve after an alternate agent has begun to make health care decisions, the alternate's authority ends, and the original agent's authority begins. The attending physician

must record this change of agent, and the reasons for the change, in the patient's medical record.

Expiration and Revocation

A proxy remains effective indefinitely unless the proxy document includes an expiration date or a description of circumstances that trigger expiration. Even if a proxy contains an expiration date, if the patient loses decision-making capacity before that date, the agent continues to have decision-making authority for as long as the patient lacks capacity.

An adult can revoke a health care proxy by any words or actions showing an intention to revoke, or by creating a new proxy. If an adult appoints his or her spouse as agent and later there is a divorce or legal separation, the appointment is automatically revoked unless stated otherwise by the person who created the proxy.

Filing a Health Care Proxy in the Medical Record

Any health care provider who is given a proxy must arrange for the document, or a copy of the document, to be put in the patient's medical record. Health care providers do not need to see or file the original, signed proxy document.

Any physician who learns of a revocation must immediately record the revocation in the patient's medical record and inform the agent and the medical staff responsible for the patient's care. Any health care professional who learns that a proxy has been revoked must immediately inform a physician.



Q: Must individuals use the health care proxy form prepared by the Department of Health?

No. There is no mandatory form, but certain information must be included in every health care proxy. (See box on p. 6)

Q: *Must patients consult a lawyer to create a health care proxy?*

No. But patients should be encouraged to read instructions carefully before filling out and signing a health care proxy. The proxy instructions prepared by the Department of Health suggest that patients ask health care professionals for information about treatment decisions when creating a proxy. Patients may need specific information about their medical condition or may want more general information about life-sustaining or other treatments.

Q: *If neither the agent nor the alternate agent is available to make decisions, should health care professionals follow instructions written on a proxy form?*

The Proxy Law does not apply if neither the agent nor the alternate agent is available. However, written instructions on a health care proxy can provide clear and convincing evidence of a patient's wishes. Clear and convincing evidence of a patient's wishes provided in a health care proxy, a living will or other manner should be honored to the same extent as treatment decisions by a competent patient.

Q: *Are agents protected from liability?*

Individuals serving as agents are protected from civil and criminal liability for making health care decisions in good faith.

Q: *Are agents responsible for the cost of health care when they provide consent?*

No, unless the agent is otherwise liable for the cost of care because of the agent's legal relationship to the patient. Liability for the cost of health care provided according to an agent's decisions is the same as if the patient had decided about treatment.

Q: *Must health care proxies or durable powers of attorney for health care from other states be honored?*

If a health care proxy or similar legal document from another state or country complies with the laws of that state or country, it is valid under the Proxy Law and must be honored.

Q: *Can a health care agent be appointed by using a durable power of attorney that meets the requirements of New York's durable power of attorney law?*

Only if the power of attorney was signed prior to July 1, 1990. After that date, if individuals appoint a health care agent by using a form or other writing that also includes a power of attorney dealing with matters other than health care, the appointment of the health care agent is not valid. However, if the power of attorney includes a statement of treatment wishes, the statement may provide clear and convincing evidence of the patient's wishes.

Q: *Is a health care proxy valid if it was signed before January 18, 1991, the effective date of the law?*

Yes.

Q: *Must the proxy form be notarized?*

No.

Q: *Can an employee of a health care facility appoint a coworker as an agent even if it is likely that the employee will be treated at the facility when he or she becomes ill?*

Yes, as long as the proxy is signed before the employee applies for admission or is admitted to the facility to receive care.

Q: *Can a volunteer for a health care facility serve as agent for a patient at the facility?*

Yes.

Q: *Can a physician who is also an administrator or medical director of a hospital or nursing home serve as agent for a patient treated at the facility?*

Only if the physician is related to the patient or was appointed prior to the patient's admission, or application for admission, to the facility.

Q: *Must the agent live in New York State?*

No.

Q: *Are there special procedures that must be followed when patients with health care proxies are transferred to another facility?*

No, the proxy remains valid. Health care facilities should develop policies to inform ambulance personnel and receiving facilities that a patient has a proxy, and to provide such personnel with a copy of the proxy.

Q: *Must facilities honor health care proxies created while the patient was at another facility or at home?*

Yes.

Q: *Who can serve as witness when a proxy is signed?*

In general, any adult except the agent or alternate agent can serve as witness. The witnesses must have special qualifications when a proxy is signed by residents in a mental health facility.

Determining Incapacity

The agent's decision-making authority begins when the patient's attending physician determines that the patient lacks capacity to decide about health care. The capacity to make health care decisions is defined in the Proxy Law as "the ability to understand and appreciate the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and to reach an informed decision."

The patient must be promptly informed orally and in writing of an incapacity determination, if the patient can understand this information. The agent must also be promptly informed.

If the patient objects to the determination, or to a decision by the agent, health care professionals cannot honor the agent's decision or override the patient's wishes without obtaining a court order.

After the initial determination that the patient lacks capacity, the attending physician must confirm that the patient still lacks capacity before honoring new decisions by the health care agent. The confirmation must be written in the patient's medical record.

Steps For Determining Incapacity

- Attending physician must find to a reasonable degree of medical certainty that the patient lacks capacity, and make chart entry describing cause, nature, extent and probable duration of incapacity.
- Before an agent decides to withdraw or withhold life-sustaining treatment, a second physician must confirm the incapacity determination and make chart entry.
- If the patient can understand the information, a health care professional must inform the patient orally and in writing of the incapacity determination and the fact that the agent will now make health care decisions.
- The agent must be informed of the incapacity determination and the fact that his or her authority to decide for the patient has begun.
- After the initial incapacity determination is made, the attending physician must confirm that the patient still lacks capacity and make chart entry before complying with new decisions by the agent.

Incapacity Due to Mental Illness or Developmental Disability

If the attending physician determines that a patient in a general hospital or mental hygiene facility lacks capacity due to mental illness, the attending physician who makes the determination must be certified by the American Board of Psychiatry and Neurology, or must consult with a physician with these qualifications. This consultation must be recorded in the medical record. Under the Proxy Law, “mental illness” covers conditions such as schizophrenia and psychosis. It does not cover dementias, such as those resulting from Alzheimer’s Disease.

To determine that a patient lacks capacity due to developmental disability, the attending physician who makes the determination must be, or must consult with, a physician

or clinical psychologist who: (i) is employed by a school named in Section 13.17 of the Mental Hygiene Law; or (ii) has been employed for a minimum of two years to render care and service in a facility operated or licensed by the Office of Mental Retardation and Developmental Disability (OMRDD); or (iii) has been approved by the Commissioner of OMRDD. The consultation must be recorded in the medical record.

If an individual is determined to lack capacity to make health care decisions, and he or she is in, or has been transferred from, a mental hygiene facility, the facility director must be promptly informed of the determination.



Q: Must the patient and agent be informed when the patient is determined to lack decision-making capacity, and the agent's authority under the proxy begins?

Yes, but the patient must be informed only if he or she can understand the determination and the fact that the agent will now make decisions.

Q: Must health care professionals inform the patient or agent when the patient's continued incapacity is confirmed?

No.

Q: What if the agent asks the attending physician to determine whether the patient has decision-making capacity?

The physician must make the determination.

Q: What if the attending physician determines that the patient has regained capacity?

The agent's decision-making authority ends. The agent's authority begins again if the patient loses capacity.

Q: *What if the attending physician determines that the patient lacks capacity, and the patient objects to the determination or to the agent's decision?*

The agent has no authority to decide about treatment unless a court finds that the patient lacks capacity to make a particular health care decision or is incompetent to make all decisions.

Q: *If the patient has been determined to lack capacity and a decision arises later about withdrawing or withholding life-sustaining treatment, must a second physician confirm that the patient lacks capacity?*

Yes.

Q: *What is the difference between "incapacity" and "incompetence" under the Proxy Law?*

Incapacity is the inability to make health care decisions, as initially determined by the attending physician, and if disputed, by a court. Incompetence is a finding by a court that an individual lacks the ability to make all decisions, including health care decisions and decisions about creating a health care proxy.

Q: *Do the special requirements for determining incapacity for individuals who are mentally ill apply in a nursing home?*

No. Physicians do not have to be certified by the American Board of Psychiatry and Neurology to determine incapacity for mentally ill nursing home residents.

Decision-Making By Agents

Standards for Agents' Decisions

The agent must decide about health care in accordance with the patient's wishes, including the patient's religious and moral beliefs. If the patient's wishes are not reasonably known and cannot with reasonable efforts be determined, the agent must decide based on a judgment about the patient's best interests. The one **exception** to this rule is a decision about artificial nutrition and hydration. If the patient's wishes about artificial nutrition and hydration are not reasonably known and cannot with reasonable efforts be determined, the agent cannot decide about these measures.

Access to Information

Health care agents have the right to receive medical information and records necessary to make informed health care decisions for the patient and to weigh the risks and benefits of treatment alternatives.

Before making any health care decision, the agent must consult with a licensed physician, a registered nurse, a licensed clinical psychologist or a certified social worker.



Q: *What if a family member objects to the agent's decision? Does the agent or facility have to go to court?*

No. The agent's decision prevails and must be honored unless the objecting family member or the facility obtains a court order overriding the decision or disqualifying the agent.

Q: *Must the agent have "clear and convincing evidence" of the patient's wishes in order to consent to withdraw or withhold life-sustaining treatment?*

No. Reasonable knowledge of the patient's wishes is sufficient. In addition, if no such evidence is available, the agent

can consent to forgo life-sustaining treatment if he or she makes a good faith judgment that forgoing treatment is in the patient's best interests, except for a decision about artificial nutrition and hydration. To decide about artificial nutrition and hydration, the agent must have reasonable knowledge of the patient's wishes.

Q: Must evidence of the patient's wishes about artificial nutrition and hydration be written on the proxy form?

No. There is no requirement that this evidence be written on the proxy form or elsewhere. The agent's knowledge can be based on prior oral statements by the patient and knowledge of the patient's religious, moral and personal beliefs about health care.

Q: What if the agent's decision appears to conflict with written instructions by the patient on the proxy form or elsewhere?

Health care professionals should honor the agent's decision if they believe the agent is not violating the patient's wishes, but is interpreting the patient's wishes in good faith in light of available medical information and circumstances.

Q: Must the agent sign a special consent form in order to make treatment decisions?

No, but like a patient with capacity, the agent may be asked to provide written consent to treatment.

Q: Can the agent decide about cardiopulmonary resuscitation?

Yes, unless the patient or the proxy form expressly states that the agent cannot decide about CPR, the agent is authorized to do so, and will have the same authority to decide about CPR as a competent patient would have. The rules of the Proxy Law, not New York's do-not-resuscitate (DNR) law, apply to the decision.

Q: *Must two adults witness oral consent by the agent to an order not-to-resuscitate?*

Yes, because this requirement applies to decisions by competent patients under the DNR law.

Q: *Must physicians determine that patients have particular medical conditions, such as terminal illness, in order for agents to decide about CPR or other treatments?*

No, the agent has the same authority as a competent patient.

Q: *Can the agent decide about autopsy?*

No, unless he or she is otherwise authorized to do so.

Q: *Is the agent entitled to examine confidential information in the patient's medical record, such as information that the patient has AIDS?*

Yes, the agent should receive the information necessary to make an informed decision about the patient's health care.

Q: *What are the agent's obligations under the law?*

The agent must make decisions in good faith that are consistent with what the patient would have chosen or with the patient's interests. The agent must consult health care professionals before making health care decisions.

Responding to the Agent's Decisions

Health care providers must honor the agent's decisions to the same extent as they would honor the patient's decisions, unless they obtain a court order overriding the decision. Providers are protected from liability for honoring in good faith decisions by the agent. Health care decisions by the agent have priority over decisions by any other person except the patient.

Individual Conscience Exception

The Proxy Law does not require individual health care professionals to honor an agent's decision if the decision is contrary to the individual's religious beliefs or sincerely held moral convictions and:

- the individual would not have honored the decision for the same religious or moral reasons if the decision had been made by the patient when competent; and
- the individual promptly informs the agent and health care facility of his or her refusal to honor the agent's decision.

When informed of the health care professional's objections, the health care facility must promptly transfer responsibility for the patient to another health care professional willing to honor the agent's decision. Health care professionals who assert a conscientious objection to the agent's decision must cooperate in transferring the patient.

Institutional Conscience Exception

The Proxy Law does not require private health care facilities to honor the agent's decision if all of the following conditions are met:

- the decision is contrary to a formally adopted policy of the facility that is expressly based on religious beliefs or on sincerely held moral convictions central to the operating principles of the facility;

- the decision would violate facility policy for the same religious or moral reasons if the patient had made the decision when competent;
- the facility would be permitted by law to refuse to honor the decision if the patient had made the decision when competent;
- the facility informed the patient or the agent of its policy prior to or upon admission, if reasonably possible; and
- the patient is transferred promptly to another facility that is reasonably accessible under the circumstances and willing to honor the agent's decision.

If the agent is unable or unwilling to arrange such a transfer and if a transfer is not otherwise arranged, the facility must either seek judicial relief or honor the agent's decision.

Challenging the Agent's Decisions

Health care facilities, professionals, family members and others authorized by the Proxy Law can seek a court order to override the agent's decision or to disqualify the agent. Grounds for a court challenge include:

- the proxy document is fraudulent or invalid;
- the agent is incompetent or unwilling to serve, or is acting in bad faith; or
- the agent's decision is inconsistent with the patient's wishes, or, if reasonable evidence of the patient's wishes is unavailable, with the patient's best interests.



Q: *Should the facility honor the agent's decision if a member of the patient's family objects?*

If the agent's decision was made in good faith and in accordance with the standards in the law, the facility should honor the agent's decision unless the objecting family member obtains a court order.

Q: *If a person on the surrogate list in New York's do-not-resuscitate law objects to a decision about CPR by the health care agent, must the dispute be mediated?*

No. When the health care agent decides about CPR, the procedures of the Proxy Law apply. The agent has the sole authority to decide about CPR, unless the patient or a court declares otherwise.

Q: *If a patient has a court appointed conservator, committee or guardian, can the agent make medical decisions when the patient loses capacity?*

Yes. If the patient was competent at the time the proxy was created, the agent has priority over any other person except the patient.

Q: *Can public hospitals refuse to honor the agent's decisions based on the Proxy Law's institutional conscience exception?*

No.

Q: *Can a private hospital or an individual health care professional refuse to honor the agent's decision because the decision was made by the agent and not the patient?*

No. The Proxy Law does not permit conscience objections based solely on the use of a health care proxy or the fact that an appointed agent makes a treatment decision.

Q: *What if the facility does not inform the patient or family, prior to or upon admission, of objections on religious or moral grounds to certain treatment decisions?*

If it was reasonably possible to provide the information prior to or upon admission, and the facility fails to do so, the facility cannot refuse to honor the agent's decision on the grounds of religious or moral conviction.

Creating Proxies in Nursing Homes

Nursing homes must establish procedures to educate residents about how to create and use a health care proxy. These procedures must meet the requirements of New York State Department of Health regulations and must:

- inform adult residents about their right to create proxies;
- educate adult residents about the authority delegated under a health care proxy, what a proxy may include or omit, and how to create and revoke a proxy; and
- help ensure that each resident who creates a proxy while residing at the facility does so voluntarily.

Creating Proxies in Mental Health Facilities

Facilities operated or licensed by the Office of Mental Health (OMH) or the Office of Mental Retardation and Developmental Disabilities (OMRDD) have the same obligation to educate residents as described above for residential health care facilities, except that procedures in these facilities must comply with regulations issued by OMH or OMRDD. In addition, special requirements apply for creating and using health care proxies in these facilities. In OMH facilities, when a resident signs a health care proxy, one witness must be a person who is not affiliated with the facility, and one witness must be a physician certified by the American Board of Psychiatry and Neurology.

In facilities licensed by OMRDD, one witness must be someone who is not affiliated with the facility, and one witness must be a physician or clinical psychologist who is: (i) employed by a school named in section 13.17 of the Mental Hygiene Law; or (ii) has been employed for a minimum of

two years to render care and service in a facility operated or licensed by OMRDD; or (iii) has been approved by the Commissioner of OMRDD.

Operators, administrators and employees of mental health facilities, and physicians affiliated with a mental health facility or a psychiatric unit of a general hospital, may not serve as agent for an individual residing in or being treated by such facility or unit unless: (i) they are related to the person; or (ii) they were appointed agent prior to the patient's admission, or application for admission, to the facility.



Q: Is a mental hygiene ward or unit of a general hospital deemed a mental hygiene facility for purposes of the Proxy Law?

Yes, if the ward or unit is operated or licensed by OMH or OMRDD.

Appendix A; Sample Health Care Proxy Form

The New York State Department of Health has prepared a proxy form with instructions and information for distribution to patients or their family members. The proxy form below is provided for your information, but should be distributed with the instructions and information prepared by the Department of Health.

HEALTH CARE PROXY

(1) I _____
hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and 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.

(2) Optional instructions: I direct my agent 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).

Unless your agent knows your wishes about artificial nutrition and hydration (tube feeding), your agent will not be allowed to make decisions about artificial nutrition and hydration.

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

(name, home address and telephone number)

(4) 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):

(5) Signature _____

Address _____

Date _____

Statement by Witnesses (must be 18 or over)

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.

Witness 1 _____

Address _____

Witness 2 _____

Address _____

