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ATTORNEY ADVERTISING

THE ESSENTIAL NEW YORK HEALTH CARE PROXY CHECKLIST

Protect Your Independence. Preserve Your Dignity. Empower Your Future.

Important Disclaimer — Please Read Before Proceeding

This Health Care Proxy Checklist is provided for general educational and informational purposes only and is intended to assist you in completing New York State's free Health Care Proxy form.

This checklist does not constitute legal or medical advice and is not intended to replace individualized advice from a qualified New York attorney or medical professional.

Viewing this page, downloading or using this checklist, or contacting our office in response to it does not establish an attorney-client relationship.

This checklist is not a Health Care Proxy and does not replace the need to properly complete and execute a Health Care Proxy in accordance with applicable New York State law.

Because every individual's personal, medical and legal circumstances are different, you are encouraged to consult with a qualified New York attorney regarding your specific needs.

If You Couldn't Speak for Yourself Tomorrow, Who Would Speak for You?

Would that person know what you want? Would they respect your wishes? Would they have the legal authority to make medical decisions on your behalf?

An unexpected accident, medical emergency or illness can change your life in an instant. You don't have to leave your medical decisions to chance.

Give yourself the gift of preparation and your loved ones the gift of clarity.

You have spent a lifetime making your own decisions. Now is the time to help ensure that your wishes continue to be respected, even if you become unable to communicate them yourself.

This easy-to-follow checklist will walk you through completing New York State's free Health Care Proxy form, step by step.

Step 1: Download Your FREE Health Care Proxy

You do not need to purchase the New York State Health Care Proxy form. It is available free of charge.

Download your official New York State form here:
www.health.ny.gov/publications/1430.pdf

Three important things you should know:

- Your Health Care Proxy allows you to appoint someone to make medical decisions on your behalf if you become unable to make those decisions yourself.

- As long as you retain the capacity to make your own medical decisions, YOU remain in charge.
- Your Health Care Proxy does not authorize anyone to manage your money, bank accounts, property or other financial affairs. A Power of Attorney is a separate legal document.

Remember: You are not giving up control. You are planning to protect it.

Step 2: Choose Your Voice Wisely

Who would you trust with your life?

Choosing your health care agent is one of the most important personal decisions you can make.

Don't automatically choose your oldest child, closest relative or best friend simply because you think you should.

Choose the person who will honor YOUR wishes, even when doing so may be emotionally difficult.

- [ ] I have selected an eligible person who is at least 18 years old.
- [ ] I trust this person to respect my medical wishes, values and beliefs.
- [ ] My agent can communicate effectively with medical professionals.
- [ ] My agent can make difficult decisions under pressure.
- [ ] My agent is reasonably available in an emergency.
- [ ] I have asked this person whether they are willing to serve.
- [ ] I have discussed my medical wishes with this person.

Have a backup plan!

What happens if your first choice is unavailable, becomes ill or cannot serve?

- [ ] I have considered appointing an alternate health care agent.
- [ ] My alternate agent is at least 18 years old and otherwise eligible to serve.
- [ ] I have confirmed that my alternate agent is willing to serve.
- [ ] My alternate agent understands my medical wishes.

> **Attorney's Tip:** The right person is not necessarily the person who loves you the most. It is the person who can honor your wishes when it matters most.

Step 3: Complete the Official New York State Form

Follow these instructions alongside the numbered items on your official Health Care Proxy form.

Item 1 — Appoint Your Primary Health Care Agent

- [ ] Enter your full legal name.
- [ ] Enter your chosen agent's full name.
- [ ] Include your agent's home address and telephone number.

- [ ] Add your agent's cell phone number and email address, if space permits.

Double-check all contact information.

> **Tip:** A Health Care Proxy is most useful when your medical team can quickly locate your agent. Keep their contact information current.

Item 2 — Appoint Your Alternate Agent

Optional but strongly worth considering.

- [ ] Enter your alternate agent's full name.
- [ ] Include their home address and telephone number.
- [ ] Add their cell phone number and email address, if space permits.

> **Tip:** Life is unpredictable. Having a backup agent may prevent unnecessary confusion and delays during a medical emergency.

Item 3 — Decide How Long Your Proxy Will Last

Optional.

- [ ] I want my Health Care Proxy to remain effective indefinitely unless revoked, so I am leaving this section blank.

OR

- [ ] I want my Health Care Proxy to expire on a particular date or upon a specified event, so I have included that information.

If your agent's authority has already begun before the expiration occurs, New York law provides that the proxy will not expire while you lack decision-making capacity.

> **Tip:** Think carefully before adding an expiration date. You don't want your document to expire when you still need it.

Item 4 — Make Your Medical Wishes Known

Optional, but don't overlook this important conversation.

This section allows you to provide medical instructions and place limitations on your agent's decision-making authority.

Think about the treatments you would or would not want under different medical circumstances.

- [ ] Cardiopulmonary resuscitation (CPR).
- [ ] Mechanical ventilation or breathing assistance.
- [ ] Artificial nutrition, including feeding tubes.
- [ ] Artificial hydration.
- [ ] Dialysis.
- [ ] Surgery and other invasive procedures.

- [ ] Life-sustaining treatment.
- [ ] Pain management and comfort care.
- [ ] Religious, spiritual or personal beliefs affecting medical treatment.
- [ ] Other medical instructions or limitations important to me.

You may communicate your wishes verbally to your agent or include written instructions in Item 4. You can attach additional pages if necessary.

> **IMPORTANT: Do not skip the feeding tube conversation.**
>
> Under New York law, your agent must reasonably know your wishes regarding artificial nutrition and hydration to have the authority to make decisions concerning those measures.

- [ ] I have discussed these specific wishes with my primary agent.
- [ ] I have discussed these specific wishes with my alternate agent.
- [ ] I have considered documenting these wishes in writing.

> **Tip:** Don't assume your loved ones know what you want. Loving you and knowing your medical wishes are two entirely different things.
>
> Discuss your treatment preferences with your physician if you need help understanding your options.

Item 5 — Sign Your Health Care Proxy

You are almost finished!

- [ ] Print your full legal name.
- [ ] Enter your address.
- [ ] Sign the form in the presence of two eligible adult witnesses.
- [ ] Enter the actual date you sign the form.
- [ ] Consider including your telephone number and email address, if space permits.

> **STOP! Do not sign the form before your two eligible witnesses are present.** Your witnesses cannot be the named agent or alternate agent you have selected as your proxy.

Item 6 — Organ, Eye and Tissue Donation

Completely optional.

You may use this section to express your wishes concerning organ, eye and tissue donation after your death.

- [ ] I have considered whether I wish to make an anatomical gift.
- [ ] I have indicated what I wish to donate, if applicable.
- [ ] I have included any specific limitations or restrictions.
- [ ] If donating through this section, I have signed and dated it in the presence of my witnesses.

Leaving this section blank does NOT mean that you have refused organ or tissue donation. Other individuals authorized under New York law may still be able to consent on your behalf.

> **Tip:** If you feel strongly about organ donation, either for or against it, communicate and document your wishes clearly.

Item 7 — Have Your Witnesses Sign

Your witnesses must be eligible adults who are at least 18 years old.

Neither your designated health care agent nor your alternate agent may serve as a witness.

- [ ] Both witnesses were present when I signed or directed another person to sign.
- [ ] Both witnesses have completed the witness statements.
- [ ] Both witnesses have printed their names legibly.
- [ ] Both witnesses have signed and dated the form.
- [ ] Both witnesses have included their addresses.
- [ ] Neither witness is my agent or alternate agent.

Additional eligibility and witnessing requirements may apply in certain health care or residential facility settings.

> **Did you know?** New York's standard Health Care Proxy ordinarily does not require notarization. However, the required witnesses are essential and cannot be a named agent or alternate.

Congratulations!

You have taken an important step toward protecting your medical wishes, your independence and your dignity.

But you're not quite finished.

Step 4: The Final Five-Minute Review

Before putting your Health Care Proxy away, give it one final inspection.

- [ ] All names are spelled correctly.
- [ ] Addresses and telephone numbers are accurate.
- [ ] My signature is present.
- [ ] All required signature dates are completed and accurate.
- [ ] Both witnesses have signed the document.
- [ ] My medical instructions are clear.
- [ ] Any additional instruction pages are attached.

- [ ] My primary and alternate agents understand my wishes.

A few minutes of reviewing your document today may prevent unnecessary confusion tomorrow.

Step 5: Make Sure Your Proxy Can Be FOUND

A Health Care Proxy that nobody can locate during an emergency may not provide the protection you intended.

Make several copies of your completed document.

- [ ] Give a copy to your primary health care agent.
- [ ] Give a copy to your alternate agent.
- [ ] Give a copy to your primary care physician.
- [ ] Request that a copy be included in your electronic medical records.
- [ ] Give a copy to your attorney, if appropriate.
- [ ] Give a copy to trusted family members or loved ones, as appropriate.
- [ ] Bring a copy when entering a hospital or undergoing surgery.
- [ ] Keep an electronic copy that you can readily access.
- [ ] Consider carrying a wallet card identifying your health care agent and their contact information.
- [ ] Tell your loved ones where your original document is stored.

> **Tip:** Don't bury your Health Care Proxy in a safe deposit box that no one can access during an emergency. Your document needs to be available when you need it most.

Step 6: Life Changes. So Should Your Planning.

Your Health Care Proxy is not a document you should complete once and forget about forever.

Review it at least annually and whenever you experience a significant life change.

Consider reviewing your proxy if:

- [ ] You get married.
- [ ] You separate or divorce.
- [ ] You move to a different home or state.
- [ ] Your agent moves.
- [ ] Your agent develops a serious illness or passes away.
- [ ] Your relationship with your agent changes.
- [ ] You receive a significant medical diagnosis.
- [ ] Your medical wishes or personal beliefs change.

- [ ] Your agent is no longer willing or able to serve.
- [ ] Your agent's contact information changes.

> **Tip:** Choose your birthday as your annual estate planning review day. It is an easy way to remember to protect yourself for the year ahead.

My next Health Care Proxy review date: _____

Step 7: Changed Your Mind? You Have Options.

Your medical wishes belong to YOU.

If you wish to change your Health Care Proxy, you may revoke it in accordance with New York law and, if appropriate, execute a new one.

- [ ] Notify your former agent and relevant health care providers of the revocation.
- [ ] Prepare and properly execute a new Health Care Proxy, if desired.
- [ ] Notify your new primary and alternate agents.
- [ ] Distribute copies of your new document.
- [ ] Ask your medical providers to update your medical records.
- [ ] Retrieve or clearly invalidate outdated copies wherever possible.
- [ ] Replace any old copies in your wallet, personal files and electronic records.

> **Tip:** Don't leave conflicting versions of your Health Care Proxy circulating. Make sure the people responsible for your care know which document reflects your current wishes.

Your Personal Peace-of-Mind Checklist

Before you put this checklist away, ask yourself:

- [ ] Have I chosen someone I truly trust?
- [ ] Have I had the difficult but necessary conversations?
- [ ] Have I properly signed my Health Care Proxy?
- [ ] Do the right people have copies?
- [ ] Can my document be located in an emergency?
- [ ] Have I scheduled my annual review?

If you checked every box, you have taken a meaningful step toward protecting your future.

Don't Leave Your Voice Behind.

You have spent a lifetime making your own decisions.

Don't leave your most personal medical decisions to uncertainty, confusion or unnecessary family conflict.

Your age does not take away your independence. Planning helps protect it.

A Health Care Proxy is more than a legal document. It is an opportunity to communicate your wishes, protect your dignity and give your loved ones guidance during what may be one of the most difficult moments of their lives.

Don't wait for a medical emergency to start the conversation.

Complete your Health Care Proxy today. Share this checklist with someone you love.

Because your health, your dignity and your voice are worth protecting.

Ready to Take the Next Step?

A Health Care Proxy is only one piece of a comprehensive estate and elder law plan.

Consider speaking with an experienced New York trusts and estates and elder law attorney about protecting your independence, your assets, your family and your future.

Call 917-596-0666

or email femalelitigator@yahoo.com

Plan today. Protect tomorrow.

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