



Partner Medical Rights™

Four (4) Pages, Two (2) Copies, One (1) Instrument. This four (4) page Legal Instrument has only two (2) original copies, each of which shall be deemed an original, and all of which together shall constitute one (1) and the same instrument. This Legal Instrument is my Partner Medical Rights; these are my "Individual Written Specific Instructions" in advance of my inability to make healthcare decisions for myself set forth in Paragraph (3).

1. THIS Partner Medical Rights INSTRUMENT REVOKES AND VOIDS ANY AND ALL OF MY PREVIOUS HEALTHCARE INSTRUMENTS OR NATURAL DEATH ACT DECLARATIONS AS AT THE SIGNATURE DATE OF THIS INSTRUMENT.

a. **I, Rhonda Smith** residing at **1000 Maple Vale Drive, Seattle, WA 23649** with date of birth: **00/00/XX** healthcare decisions, and hereby express my firm and considered intent to my physician, family and friends to follow my instructions set forth below.

2. My Partner Medical Rights becomes effective only when 3A, 3B and 3C take place ... UNLESS, I HAVE MARKED THE BOX IN PARAGRAPH (7).

- A. I cannot communicate my own wishes for my medical care -- orally, in writing, or through gestures; and/or
- B. I am diagnosed to be close to death from a terminal condition or to be permanently comatose; and
- C. The medical personnel attending to me are notified of my Partner Medical Rights (this document) for my medical care.

4. My Appointed Healthcare Agent / Legal Advocate:
I, Rhonda Smith, name and appoint the following competent individual: **Jane Doe** residing at: **1000 Maple Vale Drive, Seattle, WA 23649** as my Agent for this Partner Medical Rights Instrument, to decide ALL aspects of my healthcare in ALL circumstances if I become incapable of making my own decisions or if I want **Jane Doe** to make those decisions for me now, even though I am still capable of making my own decisions, see if Paragraph (7) box is checked.

5. My Desired Alternative Agent:
I name **Alicia Greene**, residing at **2000 Mountain Drive, Seattle, WA 23649** to act as my Alternative Agent if my first choice is not willing, able, or reasonably available to make decisions for me.

6. My Agent's Legal Authority:
My Agent, Jane Doe, is authorized to make ALL of the following healthcare decisions for me:

- A. To consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition, including approval or disapproval of diagnostic tests, medical or surgical procedures.
- B. To request, receive, examine, copy, and consent to the disclosure of medical or any other healthcare information. *(Continued to C, D, E, F, G, and H.)*

Additional paragraphs that will be customized to your specific requirements include: Effective Date of Your Agent's Legal Authority, Legal Obligations of Your Agent; Appointment of Guardian, Donation and Disposal Wishes, and others.