Medical Power of Attorney Form

Carlito Martinez residing at 12 Lotte St, Los Angeles, CA hereby appoint:

Agent's Full Name: Martha Martinez

Agent's Address: 12 Lotte St, Los Angeles, CA

Agent's Contact Information: 8935-135-00, martha.martinez@email.com

to be my attorney-in-fact for health care decisions.

I hereby grant my agent the authority to make any and all healthcare decisions for me, subject to any limitations or special instructions I may specify below.

My agent shall have the power to make decisions regarding my medical treatment, surgical procedures, medications, medical interventions, and other healthcare matters. This authority includes, but is not limited to:

- Consenting to, refusing, or withdrawing medical treatment.
- Accessing my medical records and information.
- Choosing health care providers and facilities.
- Making decisions about life-sustaining treatments, including the use of artificial nutrition and hydration.

I have the following special instructions or limitations regarding the authority granted to my agent:

In the event of a terminal condition where there is no reasonable expectation of recovery or significant quality of life my agent should follow my wishes as expressed in my living will or verbal instructions, prioritizing comfort and dignity over life-prolonging measures.

I authorize my agent to receive my protected health information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws, to the extent necessary to make informed healthcare decisions on my behalf.

This Medical Power of Attorney is effective as of July 12, 2023, and it shall remain in effect unless I revoke it in writing, provide a new medical power of attorney, or unless otherwise specified.

I reserve the right to revoke this Medical Power of Attorney at any time by notifying my agent and all relevant health care providers in writing.

This Medical Power of Attorney shall be governed by and construed in accordance with the laws of CA, USA.

In witness whereof, I have signed this Medical Power of Attorney on this day, July 12, 2023.

Signature: _____ **Date:** July 12, 2023

Printed Name: CARLITO MARTINEZ