

DURABLE HEALTH CARE POWER OF ATTORNEY

**From: JOHN Q. WANNABE**

**To: MARY A. WANNABE**

**Successor: TED WANNABE**

I, JOHN Q. WANNABE, SSN 123-45-6789, of, Manassas, Virginia, appoint the first person shown above to serve as my attorney-in-fact for health care under this durable power of attorney for health care, and I appoint the Successor shown above to serve as the successor if my first choice resigns or becomes unwilling or unable to serve hereunder (in which case all references to my "attorney-in-fact" shall include any successor attorney-in-fact).

I confer on my attorney-in-fact for health care full and complete authority to make all health care decisions on my behalf, whenever I am incapable of making an informed decision on such matters, in accordance with the wishes I have expressed in a Medical Directive or otherwise made known to my attorney-in-fact.

My attorney-in-fact for health care is authorized to receive and have access to all of my Protected Health Information in accordance with the rules and procedures of the Health Insurance Portability and Accountability Act of 1996 and applicable regulations.

It is my intent that my attorney-in-fact for health care shall have full authority to make all decisions and take any other lawful actions respecting my health care that I could make or do, if I were so able.

This durable power of attorney for health care shall not terminate on my disability, and such disability shall not affect the authority herein granted. This power shall remain in full force as to all third parties until they receive written notice of its revocation.

Signed by me on \_\_\_\_\_  
Date

JOHN Q. WANNABE

\_\_\_\_\_  
Witness

Date

\_\_\_\_\_  
Witness

Date