

VIRGINIA ADVANCE DIRECTIVE AMENDMENT
Power of My Agent to Authorize Care Over My Objection

This advance directive amendment lets you give your agent an additional power. Some people worry that they may say "no" to treatment they need because illness or injury is affecting their thinking. You can give your agent the power to make decisions over your objection if you would like to plan for something like that happening for you.

This power has two parts:

1. You can give your agent the power to consent over your objection to inpatient mental health admission

and/or

2. You can give your agent the power to consent over your objection to other health care

You can exclude specific treatments that you always want to be able to object to.

IMPORTANT: You need to have one of the professionals listed in the box sign this page to make it legally binding. Before signing, the professional will check to see if you understand the consequences of giving your agent the powers described on this page.

IMPORTANT: You need to physically attach this page (or a copy) to your advance directive and to all copies of your advance directive that you give (or have given) to others.

Two adult witnesses are needed to make your advance directive valid. Any person over the age of 18 may be a witness. This includes a spouse or relative, as well as employees of health care facilities and physician's offices who act in good faith.

I, _____ (date of birth: _____),
update my advance directive (dated: _____) to add this power to my agent's powers. If there is any conflict between this amendment and my advance directive, then this amendment should be followed.

What My Agent Can Do Over My Objection

When I am not able to make informed decisions about my health care, I may say "no" to treatment that I would actually need. If my agent and my physician believe that treatment is medically appropriate, my agent has the power:

____ 1. To consent to my admission to a mental health care facility as permitted by law, even if I object.

and/or

____ 2. To consent to other health care that is permitted by law, even if I object. This authority includes all health care except for what I have written in the next sentence.

My agent does **not** have the authority to consent to _____
_____ over my objection.

I am a licensed: physician, clinical psychologist, physician assistant, nurse practitioner, professional counselor, clinical social worker. I am familiar with the person who has made this advance directive for health care. I attest that this person is presently capable of making an informed decision and that this person understands the consequences of the special powers given to his/her agent by this advance directive amendment.

Signature _____

Date _____

Printed Name and Address _____

Affirmation: I am signing below to show that I understand this document and that I made it voluntarily

Date

Signature

The above person signed this advance directive in my presence.

Witness Signature

Witness Printed

Witness Signature

Witness Printed