

This is a sample form which you can use, or not, as you wish, after showing it to your legal counsel and making sure that you understand when it applies, and how to use it. Neither the Colorado Health Department nor the Health Facilities Division is offering legal advice or any guarantees about this form. It is only an example for you to consider.

APPOINTMENT AND ACCEPTANCE OF MEDICAL PROXY

FOR

Name of Resident

We, the undersigned individuals, acting as interested person[s] for [Name of Resident] pursuant to C.R.S. §15-18.5-103 (1992), do hereby select [Name of Proxy], as a medical proxy for [Name of Resident], in accordance with the Colorado Patient Autonomy Act, C.R.S. §15-18.5-101, et. seq. In support of this selection, we state: 1. We have been notified that [Name of Resident] lacks the capacity to make medical treatment decisions and provide informed consent or informed refusal personally;

2. We have been notified further that a proxy decision-maker for [Name of Resident] should be selected;

3. We have made reasonable efforts to notify other interested persons of the need for a proxy;

4. We recognize that [Name of Proxy] has a close relationship with [Name of Resident], and is most likely to be currently informed of [Name of Resident]'s wishes regarding medical treatment decisions;

5. We have reached a consensus among ourselves as to the selection of [Name of Proxy] as a medical proxy for [Name of Resident] on the basis of these factors.

Each of us solemnly swears to or affirms the truth of the foregoing statements.

Date

Signature

Name (Please Print)

Relationship to Patient

Date

Signature

Name (Please Print)

Relationship to Patient

(Repeat as needed)

I,[Name of Proxy], hereby acknowledge and accept my designation as medical proxy for [Name of Resident], and I hereby agree to serve as medical proxy pursuant to the terms of the Colorado Patient Autonomy Act, C.R.S. §15.5-18.5-101, et. seq. In that capacity, I acknowledge my obligations pursuant to C.R.S. §15-14-506(2) and C.R.S. §15-18.5-102(2) to act in accordance with the patient's personal wishes and values of the best of my ability, and to the extent permitted by law.

Date

Signature

Name (Please Print)

Relationship to Patient