

Durable Power of Attorney Documents

What is a power of attorney document?

A power of attorney document lets you choose a trusted friend or relative to help you with your finances and/or health care decisions. After you sign it, the person you choose will take the power of attorney document to your medical providers, bank, school, and other places to make decisions and sign contracts just as if he or she were you.

Who is my “agent”?

Your “agent” is the trusted friend or relative you choose to help you with your finances and/or health care decisions.

What does “durable” mean?

“Durable” means your agent can keep helping you even if you become sick or injured and cannot make decisions for yourself.

What should I do with my power of attorney document after I sign it?

Make two copies. Give the original document to your agent, give one copy to your alternate agent, and keep the second copy for yourself.

What does “revoke” mean?

It means to cancel. You can revoke your power of attorney document at any time with a written

notice to your agent. You can also give a copy of the written notice to your medical providers, bank, school, and other places that might accept the old power of attorney document. A sample “Notice of Revocation” is included in this packet.

What if I need legal help?

If you are low-income and live outside King County, call the CLEAR hotline Monday-Friday from 9:15 am to 12:15 pm at 1-888-201-1014. You can also apply online at:

<http://nwjustice.org/get-legal-help>.

If you live in King County, call 211 for information and referral to a legal services provider Monday-Friday from 8:00 am to 6:00 pm. You can find more information online at:

www.resourcehouse.com/win211/.

Deaf, hard of hearing or speech impaired callers can call CLEAR or 211 using the relay service of their choice.

211 and CLEAR will conference in interpreters when needed at no cost to callers.

Free legal education publications, videos and self-help packets covering many legal issues are available at www.washingtonlawhelp.org.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice. This information is current as of August 2016.

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Durable Power of Attorney for Finances for

_____ [My Name]

1. **Agent.** I choose _____ as my Agent with full authority to manage my finances.
2. **Alternate.** If _____ is unable or unwilling to act, I choose _____ as my Agent with full authority to manage my finances.
3. **My Rights.** I keep the right to make financial decisions for myself as long as I am capable.
4. **Durable.** My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective: (check one)
 - Immediately.
 - Only if my medical provider signs a letter saying I cannot make decisions for myself.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following **special powers**: (check all that apply)
 - create, amend, revoke, or terminate a living trust
 - make gifts of my money or property
 - create or change my rights of survivorship
 - create or change my beneficiary designation(s)
 - delegate some authority granted in this document to someone else
 - waive my right to be the beneficiary of an annuity or retirement plan

- create, amend, revoke, or terminate my community property agreement
- tell a trustee to make distributions from a trust just as I could

9. **No Power to Agree to Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.
10. **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.
11. **Nomination of Guardian.** I nominate my Agent as the guardian of my estate for consideration by the court if guardianship proceedings become necessary.
12. **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

My Signature

Date

Notarization

State of Washington
 County of _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on _____.

 SIGNATURE OF NOTARY

 PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires _____.

Durable Power of Attorney for Health Care for

[My Name]

1. **Agent.** I choose _____ as my Agent with full authority to manage my health care.
2. **Alternate.** If _____ is unable or unwilling to act, I choose _____ as my Agent with full authority to manage my health care.
3. **My Rights.** I keep the right to make health care decisions for myself as long as I am capable.
4. **Durable.** My Agent can still use this power of attorney document to manage my affairs even if I become sick or injured and cannot make decisions for myself. This power of attorney shall not be affected by my disability.
5. **Start Date.** This power of attorney document is effective on the day I sign it in front of a notary public.
6. **End Date.** This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7. **Revocation.** I revoke any other power of attorney for health care documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8. **Powers.** My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including the power to make health care decisions and give informed consent to my health care, refuse and withdraw consent to my health care, employ and discharge my health care providers, apply for and consent to my admission to a medical, nursing, residential or other similar facility that is not a mental health treatment facility, serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and to visit me at any hospital or other medical facility where I reside or receive treatment
9. **Mental Health Treatment.** My Agent is not authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is not authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.

10. **No Power to Agree to Binding Pre-Dispute Arbitration.** I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

11. **Accounting.** My Agent shall keep accurate records of my financial affairs and show these records to me at my request.

12. **Nomination of Guardian.** I nominate my Agent as the guardian of my person for consideration by the court if guardianship proceedings become necessary.

13. **HIPAA Release.** I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

My Signature

Date

Notarization

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on _____.

SIGNATURE OF NOTARY

PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires _____.

Revocation of Durable Power of Attorney
for

Finances

Health Care

I, _____, hereby revoke the Durable Power of Attorney I gave to

_____.

Signature

Date

Notarization (optional)

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

SUBSCRIBED and SWORN to before me on _____.

SIGNATURE OF NOTARY

PRINT NAME OF NOTARY

NOTARY PUBLIC for the State of Washington.

My commission expires _____.

Power of Attorney Revocation

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Glossary

Here are some terms you may find helpful when reading a power of attorney document:

- **Agent:** the trusted person you choose to help you with your finances or health care.
- **Beneficiary:** the person who gets money or property. For example, if you have life insurance and you die, the person who gets the insurance money is called a beneficiary. The person who gets money or property from a trust is also called a beneficiary.
- **Beneficiary Designation:** the part of a contract that says who should be the beneficiary. For example, the beneficiary designation in a life insurance policy is the part that says who will get the money after you die.
- **Binding Arbitration:** a process for resolving legal disputes with a company outside of a court. Usually, arbitration limits your right to a jury trial, limits the amount of money you can be awarded, and prevents you from bringing a class action lawsuit against the company. Also, arbitrators are usually picked by the company.
- **Community Property Agreement:** a written agreement between a married couple or domestic partners that says when one dies, all of their property will automatically go to the other.
- **Personal Property:** things like cash, stocks, jewelry, clothing, furniture or cars.
- **Real Property:** buildings and land.
- **Revoke:** to cancel.
- **Rights of survivorship:** a written agreement between people who own property together. The agreement says when one co-owner dies, the other co-owner(s) automatically gets the property.
- **Trust:** a written agreement where money and property is owned by a trust and managed by one person (trustee) for the benefit of another person or people (beneficiary or beneficiaries). Usually you need to hire a lawyer to set up a trust.
- **Trustee:** the person who manages a trust.