Durable power of attorney

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Last Review Date
October 17, 2024

A power of attorney form lets you choose a trusted friend or relative to help you with your finances and/or health care decisions. (Forms and instructions)

Form attached:
Durable Power of Attorney for Health Care (NJP Planning 501)

Form attached:
Durable Power of Attorney for Finances (NJP Planning 500)

What is a power of attorney?

A power of attorney form 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 to your medical providers, bank, school, and other places to make decisions and sign contracts just as if they were you.

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

A power of attorney is “durable” if it says that your agent can use it even if you become sick or injured and cannot make decisions for yourself.

Do I need to sign my power of attorney in front of a notary?

You should sign your Durable Power of Attorney forms in front of a notary. If you can't find a notary, you can sign it in front of two “disinterested” witnesses instead. However, notarization is preferred, especially for a Durable Power of Attorney for Finances.

What should I do after I sign it?

After you sign your forms, make 2 copies. Give the original form to your agent, give one copy to your alternate agent, and keep the second copy for yourself.

Can I change my power of attorney and choose a new agent?

Yes. You can cancel (you can revoke) your power of attorney at any time with a written notice to your agent.

After you revoke your old power of attorney, you can sign a new power of attorney form to choose a different agent. In your new power of attorney form, make sure it says all earlier power of attorney forms are revoked.

What if the bank won’t accept my power of attorney form?

Sometimes a bank or other business will tell your agent that they won’t accept your power of attorney form. There are 2 common reasons this may happen:

1. **Form Not Notarized.** Washington law says your power of attorney form is valid when you sign it in front of a notary **or** in front of two disinterested witnesses. But some banks or other businesses insist that

it **must** be notarized. You can sign a new form in front of a notary. But your agent can also ask to speak to their legal department and point out Revised Code of Washington (RCW) 11.125.050 (https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050). If your form was properly witnessed by two uninterested witnesses instead of being notarized, the form is still valid under Washington law. Your bank **should** accept it.

2. **Not the "Right" Form.** The power of attorney forms on this page are valid under Washington law, but some banks and other businesses want you to use *their* form. If a bank or other business won't accept your power of attorney form, your agent can ask to contact their legal department and point out RCW 11.125.050 (https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050) and RCW 11.125.200(3)(a) (https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.200).

Agents can be asked for certification. The bank may say they will accept the power of attorney only if the agent signs a "certification" statement confirming that the power of attorney form is valid. This is legal. However, if the bank wants a certification statement, they must ask for it within 7 days of the day you give them the power of attorney form. Only the agent has to sign the certification statement.

Try to get legal help if a bank or institution is denying your form or requiring you to use their forms.

Durable Power of Attorney for Health Care

My name is _____. My date of birth is _____.

1. **Agent.** I choose (*name*): _____ as my Agent with full authority to manage my health care.

    ☐ **Alternate.** If the agent named above is unable or unwilling to act, I choose (*name*): _____ as my Agent with full authority to manage my health care.

    ☐ **2nd Alternate.** If both the agent and alternate named above are unable or unwilling to act, I choose (*name*): _____ as my Agent with full authority to manage my health care.

2. **My Rights.** I keep the right to make health care decisions for myself if I am capable.

3. **Durable.** My Agent can use this power of attorney to manage my affairs even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.

4. **Start Date.** This power of attorney is effective on the day I sign it.

5. **End Date.** This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.

6. **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 at any time by giving written notice of revocation to my Agent.

7. **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 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

    ✓ Visit me at any hospital or other medical facility where I reside or receive treatment

8. **Government Benefits.** My Agent shall have full power and authority to arrange for and manage all government benefits on my behalf, including but not limited to signing and consenting to applications, contracts, ongoing eligibility review agreements, and care plans for federal and state cash, food, medical, housing, and long-term care benefits and services.

9. **Mental Health Treatment.** Unless I give my Agent power of attorney for mental health care **and** I have a Mental Health Advance Directive that specifically consents to these things:

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

11. **Nomination of Guardian.** I nominate my Agent as my guardian 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.

I am signing of my own free will for the purposes stated in this document.

▶ _____ _____

My signature (*in front of a notary or witnesses*) Date

Notarization (preferred)

State of Washington
County of _____

This document was acknowledged before me on (*date*) _____
by (*name*) _____.

▶ _____

Signature of Notary
Notary Public for the State of Washington.
My commission expires _____.

Statement of Witnesses (only if you cannot find a notary)

On (*date*): _____, (*name*): _____ signed this Durable Power of Attorney in my presence. I agreed to witness their signature at their request.

- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

Witness 1

▶ _____
Signature

Print name: _____

Address: _____

_____

Phone: _____

Witness 2

▶ _____
Signature

Print name: _____

Address: _____

_____

Phone: _____

Durable Power of Attorney for Health Care
Attachment: Contact Info

My information

My name _____

My date of birth _____

My phone number _____

My email address _____

My mailing address _____

_____

My primary care medical provider

_____

Power of attorney

✓ I have a **Durable Power of Attorney** that lets someone else (my "agent") make health care decisions for me if I am not able.

My health care agent

Agent's name _____

Agent's relationship to me (Examples: friend, partner, spouse, sister, etc.)

_____

Agent's phone number _____

Agent's email address _____

My alternate health care agent (if any)

Alternate's agent's name _____

Alternate agent's relationship to me (friend, partner, spouse, sister, etc.)

_____

Alternate agent's phone number _____

Alternate agent's email address _____

My 2nd alternate health care agent (if any)

2nd alternate's name _____

2nd alternate's relationship to me (friend, partner, spouse, sister, etc.)

_____

2nd alternate's phone number _____

2nd alternate's email address _____

Durable Power of Attorney for Finances

My name is _____. My date of birth is _____.

1. **Agent.** I choose (*name*): _____ as my Agent with full authority to manage my finances.

    ☐ **Alternate.** If the agent named above is unable or unwilling to act, I choose (*name*): _____ as my Agent with full authority to manage my finances.

    ☐ **2nd Alternate.** If both the agent and alternate named above are unable or unwilling to act, I choose (*name*): _____ as my Agent with full authority to manage my finances.

2. **My Rights.** I keep the right to make financial decisions for myself if I am capable.

3. **Durable.** My Agent can use this power of attorney to manage my finances even if I become sick or injured and cannot make decisions for myself. My disability will not affect this power of attorney.

4. **Start Date.** This power of attorney is effective (*check one*):

    ☐ Immediately.

    ☐ only if my medical provider signs a letter saying I cannot make decisions for myself.

5. **End Date.** This power of attorney will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney will end if either of us files for divorce in court.

6. **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 at any time by giving written notice of revocation to my Agent.

7. **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

    ✓ Open and remove items from any safe deposit box in my name

    ✓ Sell, exchange, or transfer title to stocks, bonds, or other securities

    ✓ Sell, convey, or encumber any real or personal property

    ✓ Apply for and manage governmental benefits, including Medicaid

8. **Special Powers.** My agent shall also have the following powers:

    ☐ Yes ☐ No – Give gifts of my money or property

☐ Yes ☐ No – Create, change, or cancel my rights of survivorship

☐ Yes ☐ No – Create, change, or cancel beneficiary designations

☐ Yes ☐ No – Give up my right to be the beneficiary of an annuity or retirement plan

☐ Yes ☐ No – Create, change, or cancel a trust

☐ Yes ☐ No – Tell a trustee to make distributions from a trust just as I could

☐ Yes ☐ No – Create, change, or cancel a community property agreement

☐ Yes ☐ No – Give authority granted in this document to someone else

9. **Accounting.** My Agent shall keep accurate records of my finances and show these records to me at my request.
10. **Nomination of Conservator.** I nominate my Agent as the conservator for consideration by the court if conservatorship proceedings become necessary.
11. **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.

I am signing of my own free will for the purposes stated in this document.

▶ _____ _____

My signature (*in front of a notary*) Date

Notarization (preferred)

State of Washington
County of _____

This document was acknowledged before me on (*date*) _____
by (*name*) _____.

▶ _____

Signature of Notary
Notary Public for the State of Washington.
My commission expires _____.