

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Taktō

Ettā in _____.

Raan in lotak eo aō ej _____.

1. Armej eo ej Kōmadmōd. Ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōde aoleb maron ñan lale melele ko ikijen aō taktō.

- ☐ **Armej eo juon.** Ñe armej eo ej kōmadmōd ñan na ebed etan ijin lōñ enaj jab maron ak makoko in madmōd, ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōde aoleb maron ñan lale melele ko ikijen aō taktō.

- ☐ **Armej eo juon kein 2.** Ñe armej eo ej kōmadmōd im armej eo juon emōj likūt etan ijin lōñ ejab maron ak enaj makoko in kōmadmōd, ij kelet (*etan*):

_____ bwe en armej eo ej Kōmadmōde aoleb maron ñan lale melele ko ikijen aō taktō.

2. Maron ko Aō. Ij kejbarok maron eo aō ñan aō kōmmāne kelet ko ikijen aō taktō elañe imaron.

3. Woñmaanlok. Armej eo ej Kōmadmōd ñan na emaron kōjerbal peba in kakien maron in ñan lale jerbal ko aō elañe inaj nañinmej ak jorrāān im jab maron make kōmmāne kelet ko. Nañinmej eo aō ebañ jañiji peba in kakien ñan lelok maron.

4. Raan eo enaj Jinoe. Peba in kakien maron enaj jejjēt kutien ilo raan eo ij jaini.

5. Raan eo enaj Jemlok. Peba in kakien maron in enaj jemlok elañe inaj kabōjrak ak elañe imij. Ñe rimarre ak armej eo ij belele ibben ej armej eo ej Kōmadmōd ñan na, peba in kakien maron in enaj bōjrak elañe juon iamoro enaj bael peba in jebel ilo imōn ekajet.

Durable Power of Attorney for Health Care

My name is _____.

My birth date is _____.

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.

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

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.

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

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. **Jolok.** Ij jolok jabdewōt peba in kakien maron ñan peba in taktō emōj aō kar jaini moktalok. Imelele ke imaron jolok peba in kakien maron in jabdewōt ien ilo aō lelok kōjella ilo jeje kōn aō jolok ñan armej eo ej Kōmadmōd ñan na.

7. **Maron ko.** Armej eo ej kōmadmōd ñan na aikuj wōr an aoleb maron in kōmmāne jabdewōt ilo aoleb wāween eo ejejjet einwōt ilo aō maron kar kōmmāne, ekoba, bōtab ejab jemlok ilo, maron eo ñan:

- ✓ Kōmmāne kelet ko ikijen taktō im lelok kōmelim eo emōj aō bōk melele kake ikijen aō taktō
- ✓ Makoko im jolok kōmelim eo ikijen aō taktō
- ✓ Etal im kabōjrak aō etal ibben taktō ro aō
- ✓ Kanne peba ñan im lelok kōmelim ñan aō deloñ ilo juon taktō, nōōjin, jikin jokwe ak bar juon jikin einwōt im **ejab** juon jikin kōmadmōd nañinmej in kōmelij
- ✓ Ej jerbāl einwōt armej ej jutak ikiyeō ñan aoleb wāween ko redeloñ ilo Health Insurance Portability and Accountability Act (Kakien eo ej Kejbarok Wāween Kōmadmōd Melele in Nañinmej ko an Rinañinmej, HIPAA) an 1996, einwōt emōj kar kakobaba melele
- ✓ Lotok na ilo jabdewōt aujbitol ak jikin ājmour eo ij jokwe ak taktō ae

8. **Injuran in Jibañ ko an Kien.** Armej eo ej Kōmadmōd ñan na aikuj wōr an aoleb maron in bebe im lale aoleb jibañ in injuran ko aō jen kien ikiyeū, ekoba bōtab ejab jemlok wōt ñan an jaini im lelok kōmelim ñan ablikajon ko, koontoreak ko, kwon ko rej woñmaanlok ñan etale maron tōbrak, im bebe in taktō ko ñan jibañ im jerbāl ko an federal im state ikijen mōñā, taktō, imōn jokwe, im lale rinañinmej iomwin ien aitok.

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.

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

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. **Wūno ñan Nañinmej in Kōmelij.** Armej eo ej Kōmadmōd ñan na **ejab** melim ñan an bebe kōn aō kallimur ak likūt na ilo juon imōn taktō an nañinmej in kōmelij. Armej eo ej Kōmadmōd ñan na **ejab** melim an lelok kōmelim ñan jibañ in jarom ko ñan kōmelij, mwijmwij ko ñan jibañ ikijen lomnak im wāween makūtkūt, ak jerbāl ko jet ikijen lomnak ak nañinmej in kōmelij im rej kōmman an juon jab maron make makūtkūt ilo anemkwoj.

10. **Etale.** Armej eo ej Kōmadmōd ñan na aikuj kejbārok aoleb jejjetin rekoot ko kōn jāān ko aō im kwalok rekoot kein ñan na ilo ien inaj kajjitōk.

11. **Lelok Etan juon Rikejbarok.** Ij lelok etan armej eo ej Kōmadmōd ñan na bwe en rikejbarok eo aō ñan an jikin ekajet eo lomnak ae elañe enaj aikuj kōmadmōd ko ilo jikin ekajet ñan lale woñ enaj aō rikejbarok.

12. **Diwōj Melele ko ikijen HIPAA.** Ij kōmelim an taktō ro aō lelok aoleb melele ko rej kakien iomwin Health Insurance Portability and Accountability Act an 1996 (Kakien eo ej Kejbārok Wāween Kōmadmōd Melele in Nañinmej ko an Rinañinmej, HIPAA) ñan armej eo ej Kōmadmōd ñan na.

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.

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

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

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.

Raan: _____

► _____

Jain in ettā (imaan juon eo ej rikamool ewōr an jitam ak rikamool ro)

← Date

← My signature (in front of a notary or witnesses)

Notarization (*Jitaam in Kamool*)

State of Washington (*State eo an Washington*)

County of (*Bukon eo an*) _____

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

(*Peba in emōj kamool imaan meja ilo (raan)*)

by (*name*) / (*jen ibben (etan)*) _____



Signature of Notary (*Jain in Ettā Rikamool eo ej Jitaam*)

Notary Public for the State of Washington.

(*Rikamool eo ej Jitaam ñan State eo an Washington*)

My commission expires (*Kamijen eo aō enaj jemlok an jerbāl ilo*) _____

Peba in Kamool Rikamool ro (ñe kwōnaj wōt jab loe juon rikamool eo ewōr an jitaam)

Ilo (*raan*) _____,

(*etan*) _____ emōj jaini
Woñmaanlok Peba in Kakien Maron ñan an Juon Armej
Kōmadmōd ñan Taktō imaan mejā. Ij errā in kamool an
jain in ettā ilo ien enaj kajjitōk.

- Ejab nukku armej in kōn bōtōktōk, marre, ak peba in belele ko an state.
- Ijab lale armej in ilo imōn jokwe ak bar juon jikin lale rinañinmej iomwin ien aitok.

Rikamool 1



Jain in ettā

Jeje in etan

Atorej _____

Talebon _____

Rikamool 2



Jain in ettā

Jeje in etan

Atorej _____

Talebon _____

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

Woñmaanlok Peba in Kakien Maron ñan an Juon Armej Kōmadmōd ñan Taktō
Peba eo emōj likūt ijin: Melele ñan Wāween Kebaak

Durable Power of Attorney for Health Care
Attachment: Contact Info

Melele eo aō

Ettā _____
 Raan in lotak eo aō _____
 Talebon nomba eo aōdv _____
 Atorej in email eo aō _____
 Atorej in mael eo aō _____
 Taktō eo aō _____

My information

My name
 My date of birth
 My phone number
 My email address
 My mailing address
 My primary care medical provider

Peba in kakien maron

Ewōr aō **Woñmaanlok Peba in Kakien Maron** ej kōtlok an bar juon armej bwe en (armej eo ej “kōmadmōd” ñan na) im kōmmāne kelet ko ikijen aō taktō elañe ijab maron.

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.

Armej eo ej kōmadmōd ñan na ikijen taktō

Etan armed eo ej Kōmadmōd _____
 Kadkad eo an armej eo ej Kōmadmōd ñan na (Waan joñak ko: mōttā, jerā, beleiū, leddik eo jeiu ak jatu, bar juon.)

 Talebon Nomba an armed eo ej kōmadmōd _____
 Email atorej an armej eo ej kōmadmōd _____

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

Armej eo juon ej Kōmadmōd ñan na ikijen taktō (elañe ewōr)

Etan armed eo juon ej Kōmadmōd _____
 Kadkad eo an armej eo juon ej Kōmadmōd ñan na (Waan joñak ko: mōttā, jerā, beleiū, leddik eo jeiu ak jatu, bar juon.)

 Talebon Nomba an armed eo juon ej Kōmadmōd _____
 Email atorej an armej eo juon enaj Kōmadmōd _____

My alternate health care agent (if any)

Alternate agent’s name
 Alternate agent’s relationship to me (Examples: friend, partner, spouse, sister, etc.)
 Alternate agent’s phone number
 Alternate agent’s email address

Armej eo enaj juon kein 2 Kōmadmōd ñan na ikijen taktō (elañe ewōr)

Etan armej eo juon kein 2 _____

Kadkad eo an armej eo juon kein 2 ñan na (Waan joñak ko: mōttā, jerā, beleiū, leddik eo jeiu ak jatu, bar juon.)

Talebon nomba an armej eo juon kein karuo kein 2 _____

Email atorej an armej eo juon kein 2 _____

My 2nd alternate health care agent (if any)

2nd alternate's name

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

2nd alternate's phone number

2nd alternate's email address