

持久授權書

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授權書讓您可以選擇一位值得信賴的朋友或親戚幫助您做出財務和/或醫療服務方面的決定。（授權書

Form attached:

持久醫療保健授權書 (NJP Planning 501 ZH)

Form attached:

持久財務授權書 (NJP Planning 500 ZH)

什麼是授權書？

授權書讓您可以選擇一位值得信賴的朋友或親戚幫助您做出財務和/或醫療服務方面的決定。簽署後

您選擇的幫您做出財務和/或醫療服務決定的值得信賴的朋友或親戚，稱為您的「代理人」。

如果授權書指出，假如您因生病或受傷而無法自行做出決定時，代理人仍可以使用該文件，則該授權

我是否需要在公證員面前簽署授權書？

您應該在公證員面前簽署您的持久授權書。如果找不到公證員，您可以在兩位「無利害關係」的證人

簽署該授權書後我該怎麼做？

簽署表格後，請複印2份。將原始表格交給您的代理人，將一份副本交給您的後備代理人，您自己保留一份。

我能否更改我的授權書並選擇一名新代理人？

可以。您可以隨時透過向您的代理人發出書面通知來取消（撤銷）您的授權。

撤銷原有授權書後，您可以簽署一份新授權書，以選擇不同的代理人。您的新授權書中，應確保指出

如果銀行不接受我的授權書該怎麼辦？

有時銀行或其他商業機構會告訴代理人他們不接受您的授權委托書。兩種常見原因可能造成這種情況。

1. 授權委托書未作公證。

Washington州法律規定，在公證人或兩名「無利害關係」的證人面前簽署的授權書有效。但一

《修訂版Washington州法典》（RCW）第11.125.050節

(<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050>)

規定。如果授權書沒有經過公證，而是在兩名「無利害關係」的證人見證下簽署，則根據Wash

應該接受它。

2. 委托授權書不「正確」。

本頁授權委托書在Washington州法律下有效，但一些銀行和其他商業機構希望您使用他們自己

RCW 11.125.050

(<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050>) 和RCW

11.125.200(3)(a)

(<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.200>)之規定。

可能要求代理人出具保證書。

銀行可能表示，只有代理人簽署一份「保證書」確認該授權書有效後，他們才會接受。這樣做是合法

如果銀行或機構拒絕您的授權書或者要求您使用他們自己的授權書表格，則應盡量尋求法律幫助。

WashingtonLawHelp.org gives general information. It is not legal advice.

Find organizations that provide free legal help on our [Get legal help](#) page.

持久醫療保健授權書

我的姓名是 _____。

我的出生日期是 _____。

1. 代理人。我選擇 (姓名) :

_____ ,
作為我的代理人，全權管理我的醫療保健服務。)

☐ 後備代理人。如果上述代理人 無法或不願執行授權，
我選擇 (姓名) :

_____ ,
作為我的代理人，全權管理我的醫療保健服務。

☐ 第 2 名候補代理人。如果上述代理人 and 後備代理人無
法或不願執行授權，我選擇 (姓名) :

_____ ,
作為我的代理人，全權管理我的醫療決策。

2. 我的權利。只要我仍有能力，我就會保留自行做出醫療保健決定的權利。

3. 持久性。假如我生病或受傷，而且無法自行做出決定，我的代理人可以使用這份授權文件管理我的醫療保健服務。我的殘疾狀態不會影響本授權書的效力。

4. 開始日期。本授權書自本人簽字之日起生效。

5. 失效日期。如果我撤銷該授權或者去世，則本授權書失效。如果我的代理人是配偶或同居伴侶，則其中任何一方在法庭上提出離婚時，本授權書即失效。)

Durable Power of Attorney for Health Care

My name is _____.

My date of birth 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. **撤銷。** 我撤銷我過去簽署的任何其他醫療服務授權書文件。我知悉我可以隨時透過向我的代理人發出書面撤銷通知來撤銷此授權。

7. **權力。** 我的代理人應獲得全面權力和授權，以充分且有效地執行本人可以進行的任何操作，包括但不限於：

- ✓ 對我的醫療保健做出決策並提供知情同意書
- ✓ 拒絕和撤銷我的醫療服務同意書
- ✓ 僱用和解除我的醫療服務提供者
- ✓ 申請並同意我入住**非**精神衛生類治療機構的醫療、護理、居住或其他類似設施
- ✓ 作為我的個人代表執行修訂版《1996 年健康保險攜帶和責任法案》(HIPAA)下的所有職責
- ✓ 到我居住或接受治療的任何醫院或其他醫療設施進行探視

8. **政府福利。** 我的代理人應擁有充分的權力和權限，代表我對政府福利作出安排並進行管理，包括但不限於簽署及同意與聯邦和州政府現金、食品、醫療、住房以及長期護理福利和服務有關的申請、合約、持續資格審查協議以及護理計畫。

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. 精神健康治療。我的代理人無權安排將我禁錮於或安置在精神健康治療機構。我的代理人無權同意電休克療法、精神外科手術或其他限制身體行動自由的精神病學或心理健康程序。

10. 賬目。我的代理人應保管我的準確財務記錄，並在我索要時出示這些記錄。

11. 監護人提名。我提名將我的代理人作為我的監護人，在需要執行財產保管程序時提請法院進行考慮。

12. HIPAA (健康保險攜帶和責任法案) 披露。我授權我的醫療服務提供者向我的代理人披露受《1996 年健康保險攜帶和責任法案》(HIPAA) 管轄的所有信息。

本文件於 (日期) 在我面前得到確認。

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.

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

日期： _____

► _____

我的簽名 (在公證人或證人面前)

← Date

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

公證 (Notarization)

State of Washington (Washington 州)

County of (所在郡) _____

This document was acknowledged before me on (date) _____

以下人員在我面前簽字或證明 (日期)

by (name) / 人員 (姓名) _____。

► _____

Signature of Notary (公證員簽字)

Notary Public for the State of Washington.

(Washington 州公證員。)

My commission expires (公證職責截止日期)

見證人聲明

(僅適用於無法找到公證人之情況)

(日期) _____ , (姓名) _____

在我面前簽署本持久授權書。在其要求下，我同意作為他們的簽名見證人。

- 我與該當事人沒有血緣關係、婚姻關係或在州政府註冊的同居伴侶關係。
- 我沒有該當事人提供居家或長期護理機構護理服務。

見證人 1



簽名

正楷體姓名

地址

電話

證人 2



簽名

正楷體姓名

地址

電話

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

持久醫療保健授權書

附件：聯繫資訊

Durable Power of Attorney for Health Care Attachment: Contact Info

我的資訊

My information

我的姓名 _____

My name

我的出生日期 _____

My date of birth

我的電話號碼 _____

My phone number

我的電子郵箱 _____

My email address

我的郵寄地址 _____

My mailing address

我的初級保健醫生

My primary care medical provider

授權書

Power of attorney

我簽署過一份《持久授權書》，可以讓其他人（我的「代理人」）在我失能時為我作出醫療決策。

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

我的醫療決策代理人

My health care agent

代理人姓名 _____

Agent's name

我的代理人與我的關係（例如朋友、伴侶、配偶、姐妹等）

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

我的代理人電話號碼 _____

My agent's phone number

我的代理人電子郵件地址 _____

My agent's email address

我的醫療決策後備代理人（如果有）

My alternate health care agent (if any)

後備代理人姓名 _____

Alternate agent's name

我的後備代理人與我的關係 (例如朋友、伴侶、配偶、姐妹等)

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

我的後備代理人電話號碼

My alternate agent's phone

我的後備代理人電子郵件地址

My alternate agent's email

我的醫療決策後備代理人 (如果有)

My 2nd alternate health care agent's name (if any)

第 2 名後備代理人姓名

2nd alternate's name

我的後備代理人與我的關係 (朋友、伴侶、配偶、姐妹等)

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

第 2 名後備代理人電話號碼

2nd alternate's phone

第 2 名後備代理人電子郵件地址

2nd alternate's email

持久財務授權書

我的姓名是 _____。

我的出生日期是 _____。

1. 代理人。我選擇 (姓名)：

_____，
作為我的代理人，全權管理我的財務。

- ☐ **後備代理人。**如果上述代理人無法或不願執行授權，我選擇 (姓名)：

_____，
作為我的代理人，全權管理我的財務。

- ☐ **第 2 名候補代理人。**如果上述代理人無法或不願執行授權，我選擇 (姓名)：

_____，
作為我的代理人，全權管理我的財務。

2. 我的權利。只要我仍有能力，我就會保留自行做出財務決定的權利。

3. 持久性。假如我生病或受傷，而且無法自行做出決定，我的代理人可以使用這份授權文件管理我的財務。我的殘疾狀態不會影響本授權書的效力。

4. 開始日期。本授權書生效日期：(請勾選一項)

- ☐ 立即生效
- ☐ 僅在我的醫療服務提供者簽署信函，表明我無法自行做出決定時。

Durable Power of Attorney for Finances

My name is _____.

My date of birth is _____.

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.

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

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.

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. **失效日期。**如果我撤銷該授權或者去世，則本授權書失效。如果我的代理人是配偶或同居伴侶，則其中任何一方在法庭上提出離婚時，本授權書即失效。)

6. **撤銷。**我撤銷我過去簽署的任何財務授權書文件。我知悉我可以隨時透過向我的代理人發出書面撤銷通知來撤銷此授權。

7. **權力。**我的代理人應獲得全面權力和授權，以充分且有效地執行本人可以進行的任何操作，包括但不限於：

- ✓ 向任何金融機構中我名下的任何賬戶進行存款和付款
- ✓ 打開我名下的任何保險箱並取走其中物品
- ✓ 出售、交換或轉移股票、債券或其他證券所有權
- ✓ 出售、轉讓或抵押任何不動產或個人財產
- ✓ 申請並管理政府福利，包括 Medicaid

8. **特別權力。**我的代理人還應擁有以下權力：

- ☐ 是 ☐ 否 將我的金錢或財產作為禮物送出
- ☐ 是 ☐ 否 創建、更改或取消我的生存者財產繼承權
- ☐ 是 ☐ 否 創建、更改或取消受益人指定
- ☐ 是 ☐ 否 放棄我作為年金或退休計畫受益人的權利
- ☐ 是 ☐ 否 創建、更改或取消某項信託

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.

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.

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

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

☐ 是 ☐ 否 像我一樣告知受託人對信託進行分配

☐ 是 ☐ 否 創建、更改或取消共同財產繼承協議

☐ 是 ☐ 否 將本文件中所授與的權限授予其他人

9. 賬目。我的代理人應保管我的準確財務記錄，並在我索要時出示這些記錄。

10. 監護人或財產保管人提名。我提名將我的代理人作為財產保管人，在需要執行財產保管程序時提請法院進行考慮。

11. HIPAA (健康保險攜帶和責任法案) 披露。我授權我的醫療服務提供者向我的代理人披露受《1996 年健康保險攜帶和責任法案》(HIPAA) 管轄的所有信息。

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

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

Nomination of Guardian or Conservator. I nominate my Agent as the conservator for consideration by the court if conservatorship 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.

日期：_____

► _____

我的簽名 (在公證人面前)

← Date

← My signature (in front of a notary)

公證 (Notarization)

State of Washington (Washington 州)

County of (所在郡) _____

This document was acknowledged before me on (date) _____

以下人員在我面前簽字或證明 (日期)

by (name) / 人員 (姓名) _____。



Signature of Notary (公證員簽字)

Notary Public for the State of Washington.

(Washington 州公證員。)

My commission expires (公證職責截止日期)