


**DURABLE POWER OF ATTORNEY FOR HEALTH CARE
FOR
HAROLD DANE HARRISON**


20080131000040680 1/5 \$23.00
Shelby Cnty Judge of Probate, AL
01/31/2008 12:56:48PM FILED/CERT

STATE OF ALABAMA)
)
COUNTY SHELBY)

I. DESIGNATION OF HEALTH CARE AGENT(S)

I, **Harold Dane Harrison**, a resident of the County of Shelby, State of Alabama, appoint as my attorney-in-fact (or "Agent") for health and personal care decisions if I become unable to make such decisions for myself, **Shelley Sudsberry**. In the event that above named person is unable or unwilling to serve as such, then in that event, I nominate, constitute and appoint, **Ray Sudsberry**, to act in her stead.

II. EFFECTIVE DATE; DURATION

This Power of Attorney shall operate if I become incapacitated to make my own decisions about my health care, and shall continue to operate as long as I am incapacitated to make whatever decision related to my health care is under consideration.

Incapacity shall be determined by agreement between my attending physician(s) and my Agent. If my physician believes I retain capacity but my Agent disagrees, then my Agent may choose a consulting physician to examine me. I direct my physician to allow such examination and to talk with the consulting physician. The consulting physician's judgement as to my capacity shall be determinative.

III. AGENT'S POWERS

I grant my Agent full authority to make decisions for me regarding my health care. I intend that my Agent have, and be able to exercise, the broadest powers for health care decision making that I myself have by law; except as specifically limited by Section V below, including, but not limited to, the following:

A. To consent, refuse, or withdraw consent to any and all types of medical care,

Handwritten initials: H/H and CH.

treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

- B. To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;
- C. To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;
- D. To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts;
- E. To employ and discharge medical, social service, and other support personnel responsible for my care;
- F. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;
- G. To make anatomical gifts of any or all of my body organs for medical purposes, authorize an autopsy, and provide for the disposition of my remains, to the extent permitted by law;
- H. To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals or treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply.
- I. Withdrawing consent to intervention already in use, whether started with my or my Agent's consent, or started without my or my Agent's consent (for example, treatment started in emergency circumstances if I was incapacitated, my agent was not available to consent, and neither my Agent, nor I, when able to make my own decisions, had previously refused consent to the particular treatment);
- J. To place me, either permanently or temporarily in a nursing home care facility whether I am incapacitated or not.

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IV. STATEMENT OF DESIRES, SPECIAL PROVISIONS, and LIMITATIONS

A. With respect to any Life-Sustaining Treatment, I direct the following: (Initial only one of the following paragraphs)

_____ *Reference to Living Will.* I specifically direct my Agent to follow any "living will" executed by me.

_____ *Grant of Discretion to Agent.* I do not want my life prolonged nor do I want life-sustaining treatment to be provided or continued if my Agent believes the burdens of the treatment outweigh the expected benefits. I want my Agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

HHH *Directive to Withhold or Withdraw Treatment.* I do not want my life to be prolonged, and I do not want life sustaining treatment:

- a. if I have a condition that is incurable or irreversible and, without, the administration of life-sustaining treatment, expected to result in death within a relatively short-time;
- Or
- b. if I am in a coma or persistent vegetative state which is reasonably concluded to be irreversible.

B. With respect to Nutrition and Hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make clear that.....

(Initial only one)

HHH I intend to include these procedures among the "life-sustaining procedures" that may be withheld or withdrawn under the conditions given above.

_____ Nutritional and hydration support may be provided even though my wishes are followed to withdraw all other life-sustaining procedures.

V. PROTECTION OF THIRD PARTIES

No person who relies in good faith upon any representations by my Agent or Successor Agent(s)

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shall be liable to me, my estate, my heirs or assigns, for acting upon the Agent's authority.

VI. GUARDIANSHIP

If guardianship proceedings are instituted for any reason, I nominate my Agent to be guardian, and I consent to such appointment. If my Agent cannot serve, then I nominate my Successor Agent, if any. I oppose appointment of anyone other than one of these persons, unless at the time of guardianship proceedings neither of them are willing and able to serve.

VII. ADMINISTRATIVE PROVISIONS

- A. I hereby revoke any prior power of attorney for health care.
- B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.
- C. My Agent shall not be entitled to compensation for services performed under this Power of Attorney, but he or she shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions of this Power of Attorney.
- D. The powers delegated under this Power of Attorney are separable, so that the invalidity of one or more powers shall not affect any others.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT(S).

I sign my name to this Health Care Power of Attorney on this the 07 Day of January, 2008.

Harold Dane Harrison
Harold Dane Harrison

1004 Creekview Circle
Address
Cahaba, AL 35040

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WITNESS STATEMENT

I declare that *Harold Dane Harrison* is personally known to me, that he/she signed or acknowledged this Durable Power of Attorney for Healthcare in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not appointed as Agent by this document, nor am I the patient's health care provider, or an employee of the patient's health care provider. I further declare that I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not a creditor of the principal nor entitled to any part of his/her estate under a Last Will & Testament now existing or by operation of law.

Paris Friday
Witness

0700 US Hwy 02
Mapesville, AL 36750

Address

Jina Nichols
Witness

109 Sunset Trail
Alabaster, AL 35007

Address

STATE OF ALABAMA)

COUNTY OF SHELBY)

On this the 07 Day of January, 2008, the said *Harold Dane Harrison*, known to me to be the person named in the foregoing instrument, personally appeared before me, a Notary Public in said County and State, and acknowledge that he/she executed the same freely and voluntarily for the purposes stated herein.

[Signature]

NOTARY PUBLIC

My Commission Expires: 26 March, 2008

This Instrument Prepared By:

Clint C. Thomas, P.C.
Attorney at Law
P.O. Box 1422
Calera, AL 35040

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