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Shelby Cnty Judge of Probate, AL
05/05/2008 10:38:28AM FILED/CERT

**DURABLE POWER OF ATTORNEY
OF
SANDRA KAREN LEWIS**

KNOW ALL MEN BY THESE PRESENTS, That, I, **SANDRA KAREN LEWIS**, of the county of Shelby, State of Alabama, have made, constituted and appointed, and by these presents do make, constitute and appoint **Jack Lee Lewis** (my husband) as my true and lawful attorney for me and in my name, place and stead, and for the use and benefit, to perform the following specific duties:

The continuing, absolute and discretionary power to deal with any property, real or personal, as freely and completely as I might in handling my own affairs. Such powers shall include but are not limited to the following:

1. To acquire, recover, sell, exchange, mortgage, lease or dispose of any or all property, real or personal, at public or private sale, at such time and price and upon such terms and conditions as he shall determine.
2. To deposit money and borrow money upon such terms and conditions as he may determine.
3. To employ accountants, attorneys and such other agents as he may deem advisable, and to pay reasonable compensations for their services.
4. To collect my debts, to pursue claims against others whom I have a claim against, to endorse my checks, to execute my government vouchers, to money or other property.
5. To prepare and file my tax returns.
6. To transfer title to my automobiles.
7. To compromise, defend, settle or adjust any claim against me. It is my desire and I direct that, **Jack Lee Lewis** exercise the powers and authority herein granted independently and without prior or subsequent order or approval of any court or judicial authority. I direct that he shall not be required to give bond for the performance of her duties as such, or to file an inventory
8. To act as the guardian over my person and/or to act as the conservator over my estate. It is my desire and I direct that **Jack Lee Lewis**, exercise the powers and authority herein granted independently and without prior or subsequent order or approval of any court or judicial authority. I direct that he shall not be required to give bond for the performance of his duties as such, or to file an inventory.
9. To perform any act which I may do myself.

10. *Retirement plan transactions*

My agent may act for me in all matters that affect my IRA, 401ks, and other retirement plans (Plan.) My Agent's powers, include but are not limited to, the power to select distribution options under any Plan in which I participate, make contributions to a Plan, exercise investment options, receive distributions from a Plan, rollover or transfer plan benefits into another Plan, designate Plan beneficiaries, and change existing beneficiary designations. Any such beneficiary designations by my Agent shall be limited to my

spouse and lineal descendants. My Agent may also transfer all or part of my Plan from one Custodian to another Custodian.

11. Medical, dental and health care and other confidential information.
My durable power of attorney is further authorized to receive protected health information about me as further described below. Further, pursuant to HIPAA (Health Insurance Portability and Accountability Act) and sometimes referred to as the Health Insurance Accountability and Portability Act privacy laws, any and all medical, dental and health care providers to me are further authorized to disclose to my durable power of attorney protected health information about me as further described below.

The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Jack Lee Lewis, my husband, and if he is not available or capable to act than to Shane Ryan Lewis (my son) and if he is not available or capable to act than to Scott Jason Lewis (my son) and if he is not available or capable to act than to Michael Dale Wyrick (my brother).

The following person or class of persons may receive disclosure of protected health information about me: Jack Lee Lewis, my husband, and if he is not available or capable to act than to Shane Ryan Lewis (my son) and if he is not available or capable to act than to Scott Jason Lewis (my son) and if he is not available or capable to act than to Michael Dale Wyrick (my brother).

The specific information that should be disclosed is:

- A complete copy of my records regarding treatment
- Admission Summary
- Radiology Reports
- Operative Reports
- Discharge Summary
- Emergency Room Reports
- Work slips
- Prescription drug history
- An itemized statement of total charges to date for services
- Opinions as to diagnosis and prognosis from my health care treatment providers.

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying Jack Lee Lewis and my successor durable power of attorneys in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization. A copy of this authorization shall have the same full force and effect as the original.

This authorization is current and valid until revoked by me in writing and said revocation being recorded in the Probate Court of the County in which I reside.

Further, my durable power of attorney is authorized by me expressly to further do the following:

- hire and fire doctors
- consent to surgery
- move me in or out of a hospital, nursing home, or assisted living center.

I understand that access to Protected Health Information ("PHI") about me must be obtained in accordance with the Final Privacy Regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Final Rules"). Accordingly, I instruct anyone reading this Durable Power of Attorney/Designation as follows:

Regardless of whether a determination has been made about whether I am able to participate in medical treatment decision-making, I want any HIPAA Covered Entity reading this document to understand that by designating my Durable Power of Attorney as identified herein, I have identified the person designated as a person involved with my care within the meaning of 45 CFR 164.510(b)(i) of the HIPAA Final Rules. I also want any HIPAA Covered Entity reading this Document to understand that I want you to use your professional judgment as appropriate to infer that I would not object to any disclosure of PHI about me to the person named as my Durable Power of Attorney, if I am present in circumstances described in 45 CFR 164.510(b)(2)(iii). If I am not present or it is not practical to give me an opportunity to agree or object to the use or disclosure as described in 45 CFR 164.510(b)(3), then I authorize any Covered Entity reading this document to use your professional judgment to determine that it is in my best interests to disclose PHI that is directly relevant to the authority of my Patient Advocate to the person named as my Patient Advocate, because I intend for that person to become my Patient Advocate and personal representative if and when this Patient Advocate Designation becomes effective, and to have access to PHI about me before that time.

That in the event that **Jack Lee Lewis** is not capable of and/or not willing to serve as my true and lawful attorney for me and in my name, place and stead and for my use and benefit I hereby constitute and appoint, Shane Ryan Lewis (my son), to be my alternative true and lawful attorney for me and in my name, place and stead and for my use and benefit and possessing the same powers as enumerated above but not to be limited to those enumerated powers as above. In the event that Shane Ryan Lewis is not capable of and/or not willing to serve as my true and lawful attorney for me and in my name, place and stead and for my use and benefit I hereby constitute and appoint Scott Jason Lewis, my son, to be my alternative true and lawful attorney for me and in my name, place and stead and for my use and benefit and possessing the same powers as enumerated above but not to be limited to those enumerated powers as above. In the event that Scott Jason Lewis is not capable of and/or not willing to serve as my true and lawful attorney for me and in my name, place and stead and for my use and benefit I hereby constitute and appoint Michael Dale Wyrick, my brother to be my alternative true and lawful attorney for me and in my name, place and stead and for my use and benefit and possessing the same powers as enumerated above but not to be limited to those enumerated powers as above.

That I, **SANDRA KAREN LEWIS** desire that this Durable Power of Attorney shall be effective immediately upon the recording of same.

This Power of Attorney shall not be affected by the disability, incompetence, or incapacity of the principal, **SANDRA KAREN LEWIS**.

Giving and granting unto my said attorney specific power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might do if personally present, with full power of

substitution or revocation, hereby ratifying and confirming that my said attorney, or his substitutes, shall lawfully do or cause to be done by these presents.

This Power of Attorney shall remain in effect until revoked by me in writing and said revocation is recorded in the Office of the Probate Judge of Shelby County, Alabama.

WITNESS my hand this the 5th day of April, 2008.

Sandra Karen Lewis

SANDRA KAREN LEWIS

Social Security Number:

Date of Birth: 04-21-1946

STATE OF ALABAMA)
COUNTY OF SHELBY)

Before me, the undersigned authority, a Notary Public in and for said county and state, personally appeared **SANDRA KAREN LEWIS** who, being duly sworn and deposed stated under oath that the facts contained in the above and foregoing document is true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me on this the 5th day of April, 2008.

Diane E. Hancock
NOTARY PUBLIC

My commission expires: April 19, 2011

