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FILED FOR RECORDING
AT THE REQUEST OF

Cindy Jacques

2004 AUG 2 PM 2 50

LINCOLN COUNTY RECORDER
FEE 18.00 DEPUTY
LESLIE BOUCHER

DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS.

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DURABLE POWER OF ATTORNEY
FOR HEALTH CARE DECISIONS

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a Durable Power of Attorney for Health Care. Before executing this document, you should know these important facts:

1. This document gives the person you designate as your attorney-in-fact the power to make health care decision for you. This power is subject to any limitations or statement of your desires that you include in this document. The power to make health care decisions for you may include consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. You may state in this document any types of treatment or placements that you do not desire.

2. The person you designate in this document has a duty to act consistent with your desires as stated in this document or otherwise made known, or, if your desires are unknown, to act in your best interests.

3. Except as you otherwise specify in this document, the power of the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment which would keep you alive.

4. Unless you specify a shorter period in this document, this power will exist indefinitely from the date you execute this document and, if you are unable to make health care decisions for yourself, this power will continue to exist until the time when you become able to make health care decisions for yourself.

5. Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.

6. You have the right to revoke the appointment of the person designated in this document to make health care decision for you by notifying that person of the revocation orally or in writing.

7. You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physicians, hospital, or other provider of health care orally or in writing.

8. The person designated in this document to make health care decision for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

9. This document revokes any prior Durable Power of Attorney for Health Care.

10. If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

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1. **DESIGNATION OF HEALTH CARE AGENT.**

I, **CINDY LEE JACQUES** do hereby designate and appoint **SUSAN GRACE AUSTGEN**, as my attorney-in-fact to make health care decisions for me as authorized in this document.

2. **CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.**

By this appointment I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. **GENERAL STATEMENT OF AUTHORITY GRANTED.**

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the attorney-in-fact named above full power and authority to make health care decisions for me before, or after my death, including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, subject only to the limitations and special provisions, if any, set forth herein.

4. **HIPAA RELEASE AUTHORITY.**

I intend for my agent to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

I authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau Inc. or other health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services to give, disclose and release to my agent, without restrictions, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

The authority given my agent shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

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5. **SPECIAL PROVISIONS AND LIVITATIONS.**

My attorney-in-fact shall not be permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, or sterilization. In addition in exercising the authority under this durable power of attorney for health care the authority of my attorney-in-fact is subject to the following special provisions and limitations:

6. **DURATION.**

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my attorney-in-fact will continue to exist until the time when I become able to make health care decisions for myself.

7. **IF THE STATEMENT REFLECTS YOUR DESIRES, INITIAL THE BOX NEXT TO THE STATEMENT.**

_____ a. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.

X b. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used.

X c. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life sustaining or prolonging treatments not be used.

X d. I do not desire treatment to be provided and /or continued if the burdens of the treatment outweigh the expected benefits. My attorney-in-fact is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life.

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Other or Additional Statements of Desires:

8. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

I sign my name to the Durable Power of Attorney for Health Care on August ___, 2004, at Panaca, Nevada.

CINDY LEE JACQUES

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

On August 2, 2004, before me, a notary public for said County of Lincoln, State of Nevada, personally appeared **CINDY LEE JACQUES**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that executed it. I declare under penalty or perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY PUBLIC

ALYSON HAMMOND
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 99-5313-11
MY APPT. EXPIRES AUG. 26, 2007

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