

Declaration of Authority to Act as Surrogate For a Patient*

I, _____, under penalty of false swearing,
(Name of Surrogate)

provide the following statement of facts and circumstances establishing my authority to act as surrogate for _____
(Name of Patient)

who has been determined by the primary physician to lack capacity to make healthcare decisions and no agent or guardian has been appointed or the agent or guardian is not reasonably available.

(MARK APPICABLE BOX)

A. Patient-Designated Surrogate

I have been provided information that the above named patient personally informed the supervising health care provider that I have been designated by the patient to make health-care decisions for the patient. This information was provided to me by the following means:

(e.g., orally by (name of supervising health-care provider--primary physician/designee, health care provider or designee); by letter dated _____ (copy attached); as recorded in patient's health-care record, etc.)

OR

B. Appointed ("Non-Designated") Surrogate

I have been selected by consensus of interested persons of the above named patient to act as the patient's surrogate

1. I am an interested person based on my relationship to the patient as:

(Mark or Circle One)

- | | |
|--|---|
| <input type="checkbox"/> Spouse (not legally separated or estranged) | <input type="checkbox"/> Reciprocal Beneficiary |
| <input type="checkbox"/> Adult Child | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Adult Sibling | <input type="checkbox"/> Adult Grandchild |
| <input type="checkbox"/> Other Adult who has exhibited special care and concern for the patient and who is familiar with the patient's wishes. | |

2. The following persons took part in my selection: (names and relationship to patient)

3. The following individuals are interested persons but did not participate in my selection (names and relationship to patient and reasons for not participating)

*See reverse side for terminology and guidelines

4. Additional facts and circumstances to establish claimed authority (if any) Attach additional sheets of paper and relevant documents as necessary.

I accept appointment as surrogate of the patient.

Signature of Surrogate

Date

Typed or Printed Name

Address

Terminology and Guidelines

Hawaii Revised Statutes (HRS) Section 327E-5 (i) provides that a supervising health care provider shall require a surrogate to provide a written declaration under penalty of false swearing stating facts and circumstances reasonably sufficient to establish the claimed authority. See HRS Chapter 327E for requirements and guidance under the Uniform Health Care Decisions Act (Modified). In Particular see HRS Section 327E-2 for definitions and 327E-5 for procedures in designating, disqualifying or appointing a surrogate under the law.

“Patient” includes individuals in hospitals as well as those residing in nursing facilities or in the community.

"Supervising health-care provider" means the primary physician or the physician's designee, or the health-care provider or the provider's designee who has undertaken primary responsibility for an individual's health care.

“Surrogate” means an individual (other than a court appointed guardian or an agent appointed under a health-care power of attorney) who has been designated by a patient (“patient-designated surrogate”) or who has been selected by “interested persons” (“non-designated surrogate”) to make health care decisions for a patient has been determined to lack capacity to provide informed consent to or refusal of medical treatment.

"Interested persons" means the patient's spouse, unless legally separated or estranged, a reciprocal beneficiary, any adult child, either parent of the patient, an adult sibling or adult grandchild of the patient, or any adult who has exhibited special care and concern for the patient and who is familiar with the patient's personal values.

A surrogate who has been designated by the patient (“patient-designated surrogate”) may make health-care decisions for the patient that the patient could make on the patient's own behalf.

A surrogate who has not been designated by the patient (“non-designated surrogate”) may make all health-care decisions for the patient that the patient could make on the patient's own behalf, except that artificial nutrition and hydration may be withheld or withdrawn for a patient upon a decision of the surrogate only when the primary physician and a second independent physician certify in the patient's medical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to have any neurological response in the future. The surrogate who has not been designated by the patient (“non-designated surrogate”) shall make health-care decisions for the patient based on the wishes of the patient, or, if the wishes of the patient are unknown or unclear, on the patient's best interest. The decision of a surrogate who has not been designated by the patient (“non-designated surrogate”) regarding whether life-sustaining procedures should be provided, withheld, or withdrawn shall not be based, in whole or in part, on either a patient's preexisting, long-term mental or physical disability, or a patient's economic status. A surrogate who has not been designated by the patient (“non-designated surrogate”) shall inform the patient, to the extent possible, of the proposed procedure and the fact that someone else is authorized to make a decision regarding that procedure.