



Tennessee Department of Children's Services  
**Appointment of Health Care Agent**

I, \_\_\_\_\_, give my agent named below permission to make health care decisions for me, if a doctor determines that I am not able to make decisions for myself. This appointment of my Health Care Agent covers any health care decision that I could make myself if able, including mental health treatment and residential services. If my agent is unavailable, unable, or unwilling to serve, the alternate named below will take the agent's place.

Agent:

Alternate:

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Area Code Home Phone Number

Area Code Home Phone Number

Area Code Work Phone Number

Area Code Work Phone Number

Area Code Mobile Phone Number

Area Code Mobile Phone Number

Patient's name (please print or type) Date

Signature of patient (must be at least 18) Date of Birth

To be legally valid, **either** block A **or** block B must be properly completed and signed, NOT BOTH A and B.

**Block A WITNESSES** (2 witnesses required)

1. I am a competent adult who is not named above. I witnessed the patient's signature on this form.

Signature of witness #1

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness #2

**Block B FOR NOTARY PUBLIC**

STATE OF Tennessee

County of \_\_\_\_\_

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed their signature above. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: \_\_\_\_\_

Signature of Notary Public

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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