

## Power of Attorney for Healthcare Intake Form

**Full Legal Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Primary telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that:

1. I am 18 years of age or older. \_\_\_\_\_ (initial)
2. I am of sound mind, competent and capable of making decisions for myself regarding my healthcare and other matters affecting my best interests. \_\_\_\_\_ (initial)
3. It is my present desire to nominate another person as my agent to make healthcare decisions for me in the event that I become incapacitated, as determined by my doctor, such that I am no longer capable of making and / or communicating informed decisions about my own care. \_\_\_\_\_ (initial)
4. I understand that my agent will have the authority to consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition; to select or discharge health care providers and facilities; and to sign a do-not-resuscitate consent form. \_\_\_\_\_ (initial)
5. I understand that signing a Power of Attorney for Healthcare (POAHC) does not authorize the agent to make any life-sustaining treatment decisions, such as withholding or withdrawing nutrition and hydration, which may only be authorized in compliance with the Oklahoma Advance Directive Act, except that my agent may sign a do-not-resuscitate consent. \_\_\_\_\_ (initial)
6. I understand that I may revoke (in its entirety) or amend my Power of Attorney for Healthcare at any time. \_\_\_\_\_ (initial)
7. Once completed, I understand that I need to provide a copy of the POAHC to my physician and to any other health care providers I may have, to any health care facility at which I receive, and to the health care agents I have named. \_\_\_\_\_ (initial)

I, the undersigned, hereby affirm that I am a currently enrolled student at the University of Oklahoma. I understand that the legal services offered by the University of Oklahoma Student Legal Services program (SLS) are limited in nature. I understand that the attorney-client relationship created by my use of the SLS program is a short-term, non-continual, transactional relationship that does not extend beyond in office attorney consultation(s). Being fully aware of these limitations, I consent to the limited scope of representation provided by SLS. I have been advised by SLS that I may need to seek further assistance of counsel. I am aware that the SLS attorney is not paid for directly by me, but by the University of Oklahoma, a third-party payor. Being fully aware of this payment arrangement, and the other limitations addressed herein, I hereby provide my consent to such representation. **I am aware that the SLS attorney cannot guarantee the confidentiality of emails sent or received on the university server.** \_\_\_\_\_ (initial)

\_\_\_\_\_  
Student Signature