

**COVID-19 PROVISIONS**  
**ADDENDUM TO HEALTH CARE POWER OF ATTORNEY**

NOTWITHSTANDING any directions, instructions, wishes, choices, or intentions expressed to the contrary in my Health Care Power of Attorney or Living Will, I wish to include and incorporate the following statements. I have initialed next to my preference for each statement.

- A. If I exhibit any symptoms that suggest I may be afflicted with COVID-19, I wish to be tested for such virus and consent to any means of testing that are available.

Yes \_\_\_\_\_  
No \_\_\_\_\_

- B. If I am diagnosed with COVID-19, I consent to being quarantined in a hospital; however I prefer to be quarantined in my own home if at all possible.

Yes \_\_\_\_\_  
No \_\_\_\_\_

- C. I consent to my agent, [significant other],[children],[parents],[\_\_\_\_\_] to visit me in any way possible and communicate with me by whatever means possible during any period of quarantine due to COVID-19. I wish to remain in contact with the above-described individuals to the extent possible.

Yes \_\_\_\_\_  
No \_\_\_\_\_

- D. If intubation or any other medical aids or devices (with the exception of artificial ventilation as addressed under Paragraph E) may provide assistance to me while diagnosed with COVID-19, I expressly wish and consent to the administration of those aids. Any "end of life" decisions that I have previously made indicating a wish to withhold life-sustaining measures do not apply while I am afflicted or diagnosed with COVID-19. I intend to be kept alive by all means possible if I am afflicted or diagnosed with COVID-19.

Yes \_\_\_\_\_  
No \_\_\_\_\_

- E. If it is recommended by my attending physician that I receive artificial ventilation during any time during which I am suffering from COVID-19, whether or not my condition is considered terminal, I DO NOT wish to receive such ventilator treatment.

Yes \_\_\_\_\_  
No \_\_\_\_\_

- F. I expressly consent to any medication that may help me recover from COVID-19, including any medication that is considered experimental. I give my agent authority to sign all documentation, including waivers, indemnification agreements, and "hold harmless" agreements, that may be required for me to receive such medication.

Yes \_\_\_\_\_  
No \_\_\_\_\_

G. I consent to participate in any trials being conducted for treatment of COVID-19 and give my agent the authority to sign any documentation regarding such trial.

Yes \_\_\_\_\_  
No \_\_\_\_\_

H. I give consent for my agent to communicate with all health care providers in person, by phone, by video or other electronic communication, and to send, receive, and view any documents or health information electronically. I specifically "hold harmless" my treating physicians and hospitals for any security or other issues stemming from my direction to communicate through these means with my agent.

Yes \_\_\_\_\_  
No \_\_\_\_\_

I. I give my agent the authority to consent on my behalf to any additional precautionary measures, treatments, communications, provisions, routines, arrangements, or other matters that may be beneficial to me due to COVID-19. I intend for the preceding sentence to be interpreted as broadly as possible, knowing that all matters regarding COVID-19 are rapidly changing and developing any likely will further change after I sign this document.

Yes \_\_\_\_\_  
No \_\_\_\_\_

J. I give consent for my agent to communicate with all health care providers in person, by phone, by video or other electronic communication, and to send, receive, and view any documents or health information electronically.

Yes \_\_\_\_\_  
No \_\_\_\_\_

I hereby make this statement an addendum to my Health Care Power of Attorney this \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Print Name: \_\_\_\_\_