

# Muscular Dystrophy Association Motor Neuron Disease Clinic

At  
The University of Utah  
Department of Neurology

## LEGAL DOCUMENTS

### **What Are Legal Documents?**

There are a number of legal documents that every adult person should have. They include:

1) Power of Attorney for Financial Affairs

This document allows you to appoint another person to make financial decisions if you are incapacitated and can not make such decisions.

2) Will

This document allows you to determine how your estate will be dispersed after your death.

3) Power of Attorney for Medical Affairs

This document allows you to appoint another person to make medical decisions if you are incapacitated and can not make such decisions.

4) Living Will

This document allows you to specify what medical attention you wish or do not wish

There are other documents, but these are considered to be a minimum. Every adult should have these independent of whether they have a serious medical condition.

### **What Are the Differences Between Medical Documents?**

#### Living Will

A Living Will recognizes your right to give written instructions to physicians, hospitals and other medical care providers regarding life-sustaining and other medical procedures if you are incapacitated and can not make such decisions.

Before a Living Will can be used to withhold or withdraw life-sustaining treatment, two physicians must examine and certify in writing that the person who signed the Living Will is terminally ill or in a persistent vegetative state.

In general, a Living Will addresses specific medical issues and situations. It is possible that a situation may arise that the Living Will has not considered.

#### Power of Attorney for Medical Affairs

A Power of Attorney for Medical Affairs is a more general document that permits the right of an adult to appoint another person (an agent) to make medical treatment decisions on your behalf when you are unable to communicate your wishes due to any illness or injury. A medical treatment plan executed by your agent on your behalf takes precedence over all previous medical treatment instructions.

A Power of Attorney for Medical Affairs can cover any and all medical issues and situations.

For both documents, it is essential that you talk to your family or agent so that they clearly know your wishes with respect to medical interventions.

**Do I Need to Use the Services of an Attorney?**

No, you can fill out the forms on your own but will need to have them signed in front of a Notary Public. Notary Publics are people licensed to document and verify that you are the person signing a document. They can be found in banks.

**Can Medical Documents be Changed?**

Yes, all medical documents can be changed or revoked, but must be done in writing.

**How Can I Get the Forms?**

We have copies available.

If you have any questions please contact Barbara Miano at (801) 585-6052.

30 January 2007

# SPECIAL POWER OF ATTORNEY

**Appointment of an agent for all medical treatment decisions (*not just in case of a terminal illness*) when I am unable to speak for myself.**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, being of sound mind,  
willfully and voluntarily appoint \_\_\_\_\_,  
residing at \_\_\_\_\_,  
as my agent and attorney-in-fact, without substitution, with lawful authority to execute a Medical Treatment Plan on my behalf pursuant to Utah Code Ann. 75-2-1105, governing the care and treatment to be administered to or withheld from me at any time after I incur an injury, disease or illness which renders me unable to give current medical directions to attending physicians and other providers of medical services.

I have carefully selected this agent with confidence in the belief that this person's familiarity with my desires, beliefs and attitudes will result in directions to attending physicians and providers of health care which would probably be the same as I would give, were I able to do so.

This power of attorney shall become effective and remain in effect from the time my attending physician certifies that I have incurred a physical or mental condition rendering me unable to give current directions to attending physicians and other providers of health care as to my care and treatment.

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

— continued —

**Special Power of Attorney**  
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STATE OF UTAH )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, personally  
appeared before me \_\_\_\_\_  
who proved to me his/her identity through documentary evidence in the form of \_\_\_\_\_  
\_\_\_\_\_ to be the person whose name is signed  
on the foregoing power of attorney, and who duly acknowledged to me that he/she has read and  
fully understands the foregoing power of attorney, executed the same of his/her own volition and  
for the purposes set forth, and that he/she was acting under no constraint or undue influence  
whatsoever.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF UTAH

My Commission expires:

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(Pursuant to Utah Code Ann. 75-2-1106)*