

**Acceptance to the Designation of Power of Attorney**

I, _____ accept the responsibility given to me by
(Print patient advocate's name-1)

_____ to be the patient advocate in the durable power of attorney
(Print patient's name)

document signed on _____.
(Date)

I, _____ accept the responsibility given to me by
(Print patient advocate's name-2)

_____ to be the patient advocate in the durable power of attorney
(Print patient's name)

document signed on _____.
(Date)

I can change my mind about this at any time. By signing below, I agree that I have read and understood what I need to do. The requirements of Michigan law are:

- I become advocate only when the patient cannot make medical decisions.
- I can only do for the patient what the patient could have done himself.
- I cannot change or stop treatment if the patient is pregnant and that would result in the pregnant patient's death.
- The patient must state clearly if the advocate can make decisions that might cause the patient's death.
- I do not receive any money for doing this.
- I will act in the patient's best interests (I'm willing to follow the patient's wishes.)
- The patient may change this designation at any time.
- The patient advocate may change his mind about accepting at any time.
- A patient in the hospital has the following rights:

A patient in a hospital or nursing home may not be denied care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment.

Patients are entitled to:

- See their medical record. Know that their medical record is kept confidential.
- Receive appropriate care. Receive information about their medical condition.
- Refuse treatment and be informed about what might happen. The hospital may end the relationship with the patient on reasonable notice.
- Information about the hospital's policy for patient complaints.
- Receive and see an explanation of the bill regardless of payment arrangement.
- Be able to talk to his or her physician.

(Advocate's Signature - 1)

(Phone Number)

(Date)

(Advocate's Signature - 2)

(Phone Number)

(Date)