

**STATE OF ARIZONA**  
**LETTER TO MY REPRESENTATIVE(S)**  
**About Powers of Attorney Forms and Responsibilities**

**To My Representative:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

**To My Alternate Representative:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

**A. What I Ask You to Do For Me:** Arizona law allows me to make certain medical and financial decisions as to what I want in the future if I become unable or incapable of making certain decisions for myself. I have completed the following document(s), and I want you to be my representative or alternate representative for the following purposes. (Initial or check one or more of the following):

- \_\_\_\_\_ 1. Durable Health Care Power of Attorney
- \_\_\_\_\_ 2. Durable Mental Health Care Power of Attorney

**B. Why I Named an Alternate Representative:** I chose two representatives in case one of you is unable to act for me when the time arises. I ask that you accept my selection of you as my representative or alternate. If you do not return the Power of Attorney form(s) and this letter to me or inform me differently, I will assume that you have agreed to be my representative.

**C. Your Responsibilities as My Representative:** By selecting you, I am saying that I want you to make some very important decisions for me about my future health care needs if I become unable to make these decisions for myself. I might need you to carry out my medical choices as indicated in the enclosed Powers of Attorney, even if you do not agree with them. Please read the copies of the Powers of Attorney I am giving you. This is a very serious responsibility to accept. You will be my voice and will make medical decisions on my behalf. Other than what I have indicated in the Powers of Attorney as to my specific directions on certain issues, I am trusting your judgment to make decisions that you believe to be in my best interests. If at any time you do not feel that you can undertake this responsibility for any reason, please let me know. If you are unsure about any of my directions, please discuss them with me. If you are not willing to serve as my representative, please tell me so I can choose someone else to help me.

**As to Health Care:** You are not financially responsible for paying my health care costs merely by accepting this responsibility. Under Arizona law, you are not liable for complying with my decisions as stated in the Powers of Attorney or in making other health care decisions for me if you act in good faith.

**D. What Else You Should Do:** Please keep a copy of my Powers of Attorney and other documents in a safe place. Please read these documents carefully and discuss my choices with me at any time. I will give copies of my health care Powers of Attorney to my physician, and I will give copies of any or all of these Powers of Attorney to my family and any other representative I may choose. I authorize you to discuss with them the Powers of Attorney, including, as applicable, my medical situation, or any medical concerns about me. Please work with them and help them to act in accordance with my desires and in my best interests. I appreciate your support, and I thank you for your willingness to help me in this way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_