

Tips for Completing

A Power of Attorney for Health Care (POAHC)

Check the following before sending a POAHC to Medical Records

- ☑ Did you check your preference in all sections of the form?
- ☑ Did you sign and date the form?
- ☑ Did your witness(es) watch you sign the form and did they sign and date the form as well?
- ☑ Do the dates of your signature and the witnesses' signature match?
- ☑ Is your witness a legally eligible witness?

*~Witnesses **cannot** be family members including family by marriage, financial powers or attorney, minors, hospital/ clinic staff (except social workers and chaplains), nor the person you designate as your agent.*

To set up an appointment for assistance with completing your POAHC, please call Monroe Clinic's Spiritual Care Department @ 608-324-1466.

For answers regarding POAHC form and submission questions call

608-324-2000

To electronically submit a POAHC to Medical Records

Email :

Mon-Release.of.info@ssmhealth.com

Fax: 608-324-2134

When emailing, faxing, copying, or sending a POAHC:

- Include all pages of the form in order.
- Be sure to copy the form correctly if the original is two-sided.
- Be sure each full page is visible and nothing is covering a part of one or more pages.

**Monroe
Clinic**

A member of

 **SSMHealth.**