

**SURROGATE DECISION MAKING:
AGREEMENT ON WHO WILL MAKE DECISIONS**

Patient: _____ **Date of Birth:** _____
(Print Name) (Month/Day/Year)

We all qualify as surrogate decision makers for the patient identified above. We all have the same legal authority because we are _____ of the patient.

We have talked about this situation and have agreed as follows: One of us, called below the "surrogate," will make health care decisions on behalf of the patient. All health care providers may rely on the surrogate as the sole decision maker for the patient. The rest of us, who have signed below as "qualified persons," agree to let the surrogate do this. We trust the surrogate to keep us informed as necessary about the patient's condition.

Surrogate: _____
Phone number(s): _____

Signature of surrogate:

(Date)

Signature of qualified person:

(Date)

Signature of qualified person:

(Date)

Signature of qualified person:

_____ (Date)

Signature of qualified person:

_____ (Date)

Signature of facility representative:

_____ (Date)

NOTE: This agreement is valid only if *all* available surrogates within the same priority group sign it. Otherwise, all within the same priority group have equal authority to make health care decisions. Groups that can have more than one surrogate are, in priority order: (a) adult children, (b) parents, (c) adult brothers and sisters, and (d) other relatives or friends.