

# Confirmation of No Healthcare Proxy

Date:

I, , hereby confirm that, to the best of my knowledge, I have not executed a healthcare proxy or designated a healthcare agent to make medical decisions on my behalf.

I understand that, in the absence of a healthcare proxy, healthcare providers may refer to state law to determine the appropriate surrogate decision-maker in the event that I am unable to make medical decisions for myself.

Signature:

Printed Name:

Date: