

MEDICAL POWER OF ATTORNEY FOR OUR MINOR CHILD

This document is a Medical Power of Attorney for our Minor Child, Henry Schroeder, granted by Jayne Schroeder and Joe Schroeder, 1234 East St, Tampa, FL 33123. This Medical Power of Attorney is effective immediately and shall not terminate unless revoked by Jayne Schroeder and Joe Schroeder.

APPOINTMENT OF HEALTH CARE AGENT

We, **Jayne Schroeder, mother of Henry Schroeder, and Joe Schroeder, father of Henry Schroeder**, hereby appoint and authorize Carl Vickers, to serve as our child's health care representative in our absence or inability, to act for us and in our name to make and communicate any and all decisions about or relating to the health care of **Henry Schroeder, born Wednesday, January 3, 2019**, including the receipt or refusal to accept medical treatment, hospitalization, health care or personal care, in any situation in which, as the result of illness, disease, absence or injury, we are incapable of making or communicating a decision with respect to our child's treatment or care. If Carl is not available, we nominate Cindy Jones.

Pursuant to the Health Insurance Portability and Accountability Act of 1996, (HIPAA) (Pub. L. 104-191), 45 CFR Section 160 through 164, as the parents of Henry Schroeder, a minor, we are their Personal Representative(s). As such we appoint and designate our child's health care representative(s) named above as their Personal Representative(s), to serve concurrently and individually. Each one shall have the status, power, authority and rights as their Personal Representative(s) for all purposes as provided in HIPAA.

Our health insurance carrier and policy number are:

Medical Plan: Blue Cross Blue Shield

Policy Number: Member ID XXXXXXXXXXXX, Group ID XXXXXXXXXXXX

Before providing care, health care providers should first make a reasonable attempt to try to contact us or one of the agents named above at the numbers listed on the attachment to this Power of Attorney. In no way shall this request interfere with our child's health care.

We further delegate to our child's health care representatives the power and authority to select, employ and discharge health care personnel, such as physicians, nurses, therapists, home health care providers and other medical professionals for our child's benefit, and to contract in our name and on our behalf for all health care services, including without limitation medical, nursing and hospital care, as our health care representatives may deem appropriate for our child's benefit. We confirm that we shall be and remain personally liable for the payment of all such care and services to the same extent as if had personally contracted for such care and services.

We further authorize our child's health care representatives and HIPAA Personal Representatives to request, receive and review any information regarding our child's physical or mental health, including without limitation all HIPAA protected health information, medical and hospital records; to execute on our child's behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. We authorize our child's health care representatives to execute on our child's behalf any documents necessary or desirable to implement the health care decisions that our child's health care representatives are authorized to make pursuant to this document.

Photocopies of this document shall be effective and enforceable as originals, and third parties shall be entitled to rely on photocopies of this document for the full force and effect of all stated terms.

Dated this _____

Jayne Schroeder

Joe Schroeder

On the date written above, we, the undersigned, each being present at the same time, witnessed the signing of this instrument by Jayne Schroeder and Joe Schroeder. At that time, Jayne Schroeder and Joe Schroeder appeared to us to be of sound mind and memory and, to the best of our knowledge, was not acting under fraud, duress, menace, or undue influence. Understanding this instrument, which consists of 2 page(s), including the page on which the signatures of Jayne Schroeder, Joe Schroeder, and our signatures appear, to be a nomination of guardian by Jayne Schroeder and Joe Schroeder, we subscribe our names as witnesses thereto.

We declare under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct. Executed on undefined, in _____, _____, Hillsborough County.

_____, Witness

_____, Witness
