

**VIRGINIA ADVANCE DIRECTIVE AMENDMENT**  
**Power of My Agent to Authorize Care Over My Objection**

I, \_\_\_\_\_ (date of birth: \_\_\_\_\_),  
update my advance directive (dated: \_\_\_\_\_) to add this power to my  
agent's powers. If there is any conflict between this amendment and my advance  
directive, then this amendment should be followed.

**What My Agent Can Do Over My Objection**

When I am not able to make informed decisions about my health care, I may be so  
confused that I might say "no" to treatment that I would actually want. If my agent and  
my physician believe I need treatment that I am refusing, my agent has the power:

\_\_\_\_ 1. To consent to my admission to a mental health care facility as  
permitted by law, even if I object.

and/or

\_\_\_\_ 2. To consent to other health care that is permitted by law, even if I  
object.

This authority includes all health care except for what I have written in the  
next sentence.

My agent does **not** have the authority to consent to \_\_\_\_\_

\_\_\_\_\_ over my objection.

This advance directive amendment lets you give your agent an additional power. Some people worry that there will be a time when they say "no" to treatment they need because illness or injury is affecting their thinking. You can give your agent this power to make decisions over your objection if you would like to plan for something like that happening for you.

This power has two parts:

1. You can give your agent the power to act over your objection to inpatient mental health admission

and/or

2. You can give your agent the power to act over your objection to other health care

And you can exclude specific treatments that you always want to be able to object to.

**IMPORTANT:** You need to get a physician's or licensed clinical psychologist's signature before these instructions will be legally binding. A physician or licensed clinical psychologist needs to check that you understand the consequences of giving your agent these powers.

**IMPORTANT:** You need to physically attach this document (or a copy) to your advance directive and to all copies of your advance directive that you give (or have given) to others.

Two adult witnesses are needed to make your advance directive valid. Any person over the age of 18 may be a witness. This includes a spouse or relative, as well as employees of health care facilities and physician's offices who act in good faith.

I am a physician/licensed clinical psychologist familiar with the person who has made this amendment to his/her advance directive for health care. I attest that this person (1) is presently capable of making an informed decision and (2) understands the consequences of the special power given to his/her agent by this amendment.

\_\_\_\_\_  
Physician or Licensed Clinical Psychologist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The above person signed this advance directive in my presence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed