# Community Health Systems, Inc.
# Consent By Proxy for Non-Urgent Care Form

Update required annually, if changes in Proxy then a **new form must be filled out** in person **to appoint a New Proxy** decision maker.

**For families who are ongoing patients of Community Health Systems, Inc.**

I _____
(Patient's Name)

appoint _____ /_____
(Name) (Address)

Who is my _____ as my proxy decision maker for
***(Specify nature of proxy's relationship)***
counseling and decisions related to my non-urgent medical care. I have the legal right to delegate such consent to the given proxy decision maker, whom is an adult and legally and medically competent to exercise the authority that is so delegated. Be advised that the protected health information may be shared with the proxy facility for informed decision making.

**LIMITATIONS:**

**1.** Identify any limitations on the kinds of medical services for which this consent by proxy is given. If none, state "none".

_____

**2.** Identify any limitations from 1- year time for which this consent by proxy is given. If none state "none". Valid 1 yr.

_____

**CONTACT INFORMATION:**

If the nature of the medical care is not routine, then please try to contact me (us) regarding the health care, at the following telephone number(s). If you are unable for any reason to contact me (us), you may rely on the proxy decision maker for consent.

Name: _____
(Legal Guardian)

Daytime Phone: _____ Evening Phone: _____

***IN WITNESS WHERE OF,*** **the undersigned have executed this instrument as of (month)_____ (day) _____, (year) 20____.**

_____
(Legal guardian signature)

_____ _____
(Proxy decision maker signature) (Driver's License # and License copy needed from proxy)

---

**Guardianships/Foster Care/Other Court Ordered Caregivers please complete this section**:

Authorized Guardian or Facility: _____

Contact Phone Number: _____

**Please attach copy of court order to proxy form.**

**Proxy Update:** ***Update required annually.*** If there's change in Proxy, a new form must be filled out in person with the appointment of the new Proxy decision maker.

| FOC Initial | Change in Proxy (Yes or No) | Parent or Legal Guardian (Print Name) | Parent or Legal Guardian (Sign) | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |