



Social Work Advantage Health Proxy Services

Making a Difference

TERMINATION OF ROLE AS DESIGNATED HEALTH CARE PROXY

Patient Name: _____ **MR#:** _____ **DOB:** _____

Date of Health Proxy Appointment: _____

I, _____ a clinical social worker with Social Work Advantage Health Proxy Services, who meets the criteria set forth in FL Statue 765.401, in agreement with _____ (Hospital/Hospice/Facility) has determined that the above patient, _____ has become capable to now make her own health care decisions, and according to the MD is demonstrating appropriate mental health behavior that would allow her the right to be her own health care decision maker.

In the event that the above-mentioned patient should become incapacitated and unable to participate in informed health care decision-making, I am available to resume the role of health care proxy if notified.

Advantage Health Proxy Services Health Care Proxy Signature

Date

Phone #

Physician or representative from Hospital/Hospice/Facility

Date

Phone #

Phone: (954) 547-5588
Fax: (866) 588-4312 or
Fax: (954) 756-7586
www.SocialWorkAdvantage.com