



Social Work Advantage Health Proxy Services

TERMINATION OF ROLE AS DESIGNATED HEALTH CARE PROXY

Patient Name: _____ MR#: _____ DOB: _____

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 located a suitable and agreeable family member or close friend who has agreed to become the Health Care Proxy for the patient, and will be acting in the patient’s best interest. This person has been verified to meet the criteria to serve as a health care proxy for the above-named patient OR the above-named patient has become capable to now make their own health care decisions.

In the event that the above-mentioned health care proxy should become incapacitated and unable to participate in informed health care decision-making, or if the family member has decided to withdraw their participation in decision making, I am available to resume the role of health care proxy.

Social Work 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