HOSPITAL VISITATION AUTHORIZATION

I,_____
_____(insert your name and address), appoint:

Name: _____

Address:_____
_____ Phone: _____

as my "support person" as that term is used in Centers for Medicare and Medicaid Services regulations. 42 CFR 482.13(h) & 485.635(f). My support person may visit me and may exercise my visitation rights on my behalf with respect to other visitors if I become unable to do so. CMS Manual System, Transmittal 75, Interpretive Guidelines 42 CFR 482.13(h)(1) & (2), 482.635(f)(1) & (2).

If my marriage to a support person named by me is dissolved by a court decree of divorce or annulment or is declared void by a court:

_____ their appointment shall be automatically revoked; OR

_____ their appointment shall continue despite the end of the marriage.

If the person designated as my support person is unable or unwilling to make visitation decisions for me, I designate the following persons to serve as my support person to make visitation decisions for me as authorized by this document, who serve in the following order:

First Alternate

Name: _____

Address:_____
_____ Phone: _____

Second Alternate

Name: _____

Address:_____
_____ Phone: _____

I have the right to receive the visitors whom I designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. 42 CFR 482.13(h)(2) & 485.635(f)(2). The race, color, national origin, religion, sex, gender identity, sexual orientation, or disability of myself, my support person, or my visitors (including individuals seeking to visit me) may not be used as a basis for limiting, restricting, or otherwise denying visitation privileges.

CMS Manual System, Transmittal 75, Interpretive Guidelines 42 CFR 482.13(h)(3) & (4), 485.635(f)(3) & (4).

It is my wish that, in addition to my support person, the following person(s) be given first preference in visiting me in any medical or treatment facility, whether or not there are parties related to me by blood or law or other parties desiring to visit me.

Name: _____

Name: _____

Name: _____

Name: _____

Further, it is my wish to exclude the following people from visiting me.

Name: _____

Name: _____

Name: _____

Name: _____

Signed this _____ day of _____ (month), _____ (year).

Your signature: _____

Your printed name: _____

State of Texas

County of _____

This document was acknowledged before me on _____ (date) by _____ (name of principal).

(Seal, if any, of notary) _____

Notarial Officer's Signature

My commission expires:_____

_____. Notarial Officer's Printed Name