

2. ***Powers of Agent***

My Agent has the full power and authority to manage and conduct all of my affairs related to the child(ren) listed. But, it shall not be used to override my decisions. The power and authority of my Agent shall include, but not be limited to:

- Consent to and provide for all medical care;
- To have full access to all medical, psychological, agency, education, or other records for the listed child(ren);
- To receive educational reports and participate in all activities at any school or child care to the same extent that I would;
- To apply for benefits and participate in programs offered by any government body, administrative agency, person, or other entity;
- To have custody and physical care, and all parental rights for the listed child(ren).

3. ***Authorization to Release Information***

- I authorize any health care provider, health plan, laboratory, pharmacy, or insurance company, or other health clearinghouse, to release health information and medical records of the child(ren) to my Agent.
- This authorization includes health information and medical records of the child(ren) for any past, present or future medical or mental health conditions.

This authorization includes information on the subject(s) marked below:

Substance Abuse (alcohol/drug abuse);

Mental Health as defined by Iowa Code 228.1 (includes psychological tests); and/or

HIV-Related Information (AIDS-related tests)

Genetic-related information

- I can revoke this authorization at any time by written notice to any provider. I have a right to inspect the disclosed information at any time. Released information may be re-disclosed and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- I give my Agent the authority to serve as the personal representative regarding the child(ren) for all purposes of HIPPA.

- I authorize my Agent to sign, on behalf of the child(ren), any papers needed to implement health care decisions.

4. Effective date and durability (Check all that apply.)

This Power of Attorney is effective (check one)

a. starting on _____.

b. whenever I am unable or unavailable to make decisions or care for my minor child(ren) listed.

This Power of Attorney shall not be affected by my disability.

I may revoke this Power of Attorney by providing written notice to my Agent.

If not revoked, it shall be effective (check one)

c. until _____.

d. my death.

My Agent shall not be liable for an error in judgment made in good faith, but shall only be liable for willful misconduct or breach of good faith.

5. Signature

Date

Parent's signature

Parent's printed name

Address: _____

City/State/Zip: _____

STATE OF IOWA, COUNTY OF _____) ss:

This instrument signed and acknowledged before me on this _____ day of _____, 20____, by _____.

Parent's name

NOTARY PUBLIC FOR THE STATE OF IOWA

Instructions for DURABLE POWER OF ATTORNEY FOR MINOR CHILD

Paragraph 1

Put in the name of the parent in the first blank. On the next blank, put in the name and address of the agent. The next blank can be used if the parent wants to list a back-up person. If there is no one else, just write "none." In the box, put in the child's full name and date of birth.

Paragraph 2

Read carefully.

Paragraph 3

Read carefully. Some information can only be released if specifically stated. Check all the boxes that are needed.

Paragraph 4

Select either (a) or (b). If the power of attorney is to start on a specific date, check (a) and fill in the date when the power of attorney begins. This can be the date the parent signs. Option (b) is for situations where the parent is still going to be caring for the child, but just wants to have something in place, in case of some unexpected problem.

Select either (c) or (d). If the power of attorney is to end on a specific date, check (c) and fill in the date when the power of attorney ends. Check Option (d) if there is no specific end date. Remember, this Power of Attorney can be revoked at any time by the parent.

Paragraph 5

The parent must sign it in front of a notary. The parent should have identification. Print the parent's name and address and fill in the date that the parent is signing. The notary will fill in the rest.

Make copies for the school, the child's doctor, and others who will need to know

Remove the instruction sheet before making copies or giving the form out