
The Halachic Living Will

DECLARATION AND PROXY WITH RESPECT TO HEALTH CARE DECISIONS AND POST-MORTEM DECISIONS

FOR USE IN PENNSYLVANIA

The “Halachic Living Will” is designed to help ensure that all medical and post-death decisions made by others on your behalf will be made in accordance with Jewish law and custom (*halacha*). The text of this Halachic Living Will has been approved by attorneys for use in your state as of November, 2003. While we do not expect that any future change in federal or state laws would materially affect the validity of this document, you may wish to show it to your own attorney to confirm its effectiveness in subsequent years.

INSTRUCTIONS

(a) Please print your name on the first line of the form.

(b) If you wish to designate an agent (called a “surrogate” in Pennsylvania), you can do so by marking the box in section 1. Next, print the name, address, and telephone numbers of the person you wish to designate as your surrogate to make medical decisions on your behalf if, G-d forbid, you ever become incapable of making them on your own. Be sure to include all numbers (including cell phone and pager) where your surrogate can be reached in the event of an emergency. If the contact information for your surrogate changes, you should provide that updated information to everyone whom you have provided with a copy of your Halachic Living Will.

You may also insert the name, address, and telephone numbers of an alternate surrogate to make such decisions if your primary surrogate is unable, unwilling, or unavailable to make such decisions.

It is recommended that before appointing anyone to serve as your surrogate or alternate surrogate you should ascertain that person’s willingness to serve in such capacity. In addition, if you have made arrangements with a burial society (Chevra Kadisha), you may wish to advise your surrogates of such arrangements.

Note: This form is effective only if you and your surrogates are competent adults (an adult is a person 18 years of age or older, or a person who has graduated from high school or has married).

(c) In section 2, please print the name, address, and telephone numbers of the Orthodox Rabbi whose guidance you want your surrogate, doctor, family member or anyone else who will be making health care decisions on your behalf to follow, should any questions arise as to the requirements of *halacha*.

You should then print the name, address, and telephone numbers of the Orthodox Jewish institution or organization you want your surrogate or anyone else who will be making health care decisions on your behalf to contact for a referral to another Orthodox Rabbi if the Rabbi you have identified is unable, unwilling or unavailable to provide the appropriate consultation and guidance.

You are, of course, free to insert the name of any Orthodox Rabbi or institution/organization you would like, but before doing so it is advisable to discuss the matter with the Rabbi or institution/organization to ascertain their competency and willingness to serve in such capacity.

(d) At the conclusion of the form, sign and print your name, and print the date and your address. If you are not physically able to do these things, another person may sign the form on your behalf, as long as he or she does so at your direction, in your presence, and in the presence of two adult witnesses.

(e) Two witnesses should sign their names and insert their addresses beneath your signature. These witnesses must be 18 years old or older. Neither of them may be the person who has signed the declaration on your behalf and at your direction.

(f) It is recommended that you keep the original of this form among your valuable papers in a location that is readily accessible in the event of an emergency, and that you distribute copies to the health care surrogate (and alternate surrogate) you have designated, to the Rabbi and institution/organization you have designated, as well as to your doctor, your lawyer, and anyone else who is likely to be contacted in times of emergency.

(g) You may revoke this Halachic Living Will at any time and in any manner. You or a person who witnessed the revocation should notify your health care provider immediately of the revocation. To avoid possible confusion, it would be wise to try to obtain all originals and copies of the old Halachic Living Will and destroy them.

If you do not revoke this Halachic Living Will, it will remain in effect indefinitely. Obviously, if any of the persons whose names you have inserted in the form dies or becomes otherwise incapable of serving in the role you have assigned, it would be wise to execute a new Halachic Living Will.

(h) It is recommended that you also complete the Emergency Instructions Card contained in the Halachic Living Will brochure, and carry it with you in your wallet or purse.

(i) If, upon consultation with your Rabbi, you would like to add to this standardized Halachic Living Will any additional expression of your wishes with respect to medical and/or post-mortem decisions, you may do so by attaching a rider to the standardized form. If you choose to do so, or if you have any other questions concerning this form, please consult an attorney.

These instructions are not part of the Halachic Living Will and need not be kept attached to the executed document.

***DECLARATION AND PROXY WITH RESPECT TO
HEALTH CARE DECISIONS AND POST-MORTEM DECISIONS***

FOR USE IN PENNSYLVANIA

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitments, as indicated below.

1. Appointment of Surrogate:

I wish to designate another person as my surrogate to make medical treatment decisions for me and to authorize medical and surgical procedures if I should be incompetent to make or communicate health care decisions for myself.

Surrogate Name of Surrogate:

Address:

Telephone: Day: _____ Evening: _____
Cell Phone: _____ Pager/beeper: _____

Name and address of substitute surrogate (if the surrogate designated above is unable to serve):

*Alternate
Surrogate* Name of Alternate Surrogate:

Address:

Telephone: Day: _____ Evening: _____
Cell Phone: _____ Pager/beeper: _____

2. Jewish Law to Govern Health Care Decisions: I am Jewish. It is my desire, and I hereby direct, that all health care decisions made for me (whether made by my surrogate, a guardian appointed for me, or any other person) be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. Without limiting in any way the generality of the foregoing, it is my wish that Jewish law and custom should dictate the course of my health care with respect to such matters as the performance of cardio-pulmonary resuscitation if I suffer cardiac or respiratory arrest; the performance of life-sustaining surgical procedures and the initiation or maintenance of any particular course of life-

sustaining medical treatment or other form of life-support maintenance, including the provision of nutrition and hydration; and the criteria by which death shall be determined, including the method by which such criteria shall be medically ascertained or confirmed.

3. Ascertaining the Requirements of Jewish Law: In determining the requirements of Jewish law and custom in connection with this declaration, I direct my surrogate to consult with the following Orthodox Rabbi and I ask my surrogate to follow his guidance:

Rabbi Name of Rabbi: _____
Address: _____
Telephone: Day: _____ Evening: _____
Cell: _____ Pager/beeper: _____

If such Orthodox Rabbi is unable, unwilling or unavailable to provide such consultation and guidance, then I direct my surrogate to consult with, and I ask my surrogate to follow the guidance of, an Orthodox Rabbi referred by the following Orthodox Jewish institution or organization:

Organization Name of Institution/Organization: _____
Address: _____
Telephone: Day: _____ Evening: _____

If such institution or organization is unable, unwilling or unavailable to make such a reference, or if the Orthodox Rabbi referred by such institution or organization is unable, unwilling or unavailable to provide such guidance, then I direct my surrogate to consult with, and I ask my surrogate to follow the guidance of, an Orthodox Rabbi whose guidance on issues of Jewish law and custom my surrogate in good faith believes I would respect and follow.

4. Direction to Health Care Providers: Any health care provider shall rely upon and carry out the decisions of my surrogate, and may assume that such decisions reflect my wishes and were arrived at in accordance with the procedures set forth in this declaration, unless such health care provider shall have good cause to believe that my surrogate has not acted in good faith in accordance with my wishes as expressed in this declaration.

If the persons designated in section 1 above as my surrogate and alternate surrogate are unable, unwilling or unavailable to serve in such capacity, it is my desire, and I hereby direct, that any health care provider or other person who will be making health care decisions on my behalf follow the procedures outlined in section 3 above in determining the requirements of Jewish law and custom.

Pending contact with the surrogate and/or Orthodox Rabbi described above, it is my desire, and I hereby direct, that all health care providers undertake all essential emergency and/or life sustaining measures on my behalf.

5. Access to Medical Records and Information; HIPAA: My surrogate is my personal representative, as such term is defined under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and accordingly all of my protected health information (as such term is defined under HIPAA) and other medical records shall be made available to my surrogate upon request in the same manner as such information and records would be released and disclosed to me, and my surrogate shall have and may exercise all of the rights I would have regarding the use and disclosure of such information and records, as required under HIPAA.

6. Post-Mortem Decisions: It is also my desire, and I hereby direct, that after my death, all decisions concerning the handling and disposition of my body be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. For example, Jewish law generally requires expeditious burial and imposes special requirements with regard to the preparation of the body for burial. It is my wish that Jewish law and custom be followed with respect to these matters.

Further, subject to certain limited exceptions, Jewish law generally prohibits the performance of any autopsy or dissection. It is my wish that Jewish law and custom be followed with respect to such procedures, and with respect to all other post-mortem matters including the removal and usage of any of my body organs or tissue for transplantation or any other purposes. I direct that any health care provider in attendance at my death notify the surrogate and/or Orthodox Rabbi described above immediately upon my death, in addition to any other person whose consent by law must be solicited and obtained, prior to the use of any part of my body as an anatomical gift, so that appropriate decisions and arrangements can be made in accordance with my wishes. Pending such notification, and unless there is specific authorization by the Orthodox Rabbi consulted in accordance with the procedures outlined in section 3 above, it is my desire, and I hereby direct, that no post-mortem procedure be performed on my body.

7. Incontrovertible Evidence of My Wishes: If, for any reason, this document is deemed not legally effective as a health care declaration or proxy, or if the persons designated in section 1 above as my surrogate and alternate surrogate are unable, unwilling or unavailable to serve in such capacity, I declare to my family, my doctor and anyone else whom it may concern that the wishes I have expressed herein with regard to compliance with Jewish law and custom should be treated as incontrovertible evidence of my intent and desire with respect to all health care measures and post-mortem procedures; and that it is my wish that the procedure outlined in section 3 above should be followed in determining the requirements of Jewish law and custom.

8. Duration and Revocation: It is my understanding and intention that unless I revoke this proxy and declaration, it will remain in effect indefinitely. My signature on this document shall be deemed to constitute a revocation of any prior health care proxy, declaration or other similar document I may have executed prior to today's date.

*My
Signature*

Signature:

(If you are not physically capable of signing, please ask another person to sign your name on your behalf.)

Print Name:

Date:

Address:

Telephone: Day:

Evening:

DECLARATION OF WITNESSES

I, on this _____ day of _____, 200__, declare that the person who signed (or asked another to sign) this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He/She signed (or asked another to sign for him/her) this document in my presence (and that person signed in my presence). I am not the person appointed as surrogate by this document.

Witnesses

Witness 1:

Printed Name:

Residing at:

Witness 2:

Printed Name:

Residing at: