

Health Care Proxy
of
Nancy Miller Nygreen

FIRST: I, **NANCY MILLER NYGREEN**, residing at 23 Meeting House Road, Town of Bedford, Bedford Corners, New York 10549, with Social Security No. 116-40-3527, and date of birth July 6, 1947, hereby appoint my husband, **GLEN THEODORE NYGREEN, JR.**, also known as **TED NYGREEN**, residing at 23 Meeting House Road, Town of Bedford, Bedford Corners, New York 10549, phone number (914) 420-8802, with Social Security No. 228-42-0357, and date of birth December 5, 1946, as my **Health Care Agent** to make any and all health care decisions for me, except to the extent that I state otherwise herein. This **Health Care Proxy** shall take effect when and if I become unable to make or communicate my own health care decisions.

SECOND: I empower and authorize my Health Care Agent, whether or not I am incapacitated, to access my "protected health information" by which terminology I refer to confidential medical information that is protected by the HIPAA Privacy Rules, including the right to obtain copies of my confidential medical information.

THIRD: My Health Care Agent has been informed of my wishes concerning artificial nutrition and hydration, and he is authorized to make decisions to terminate them.


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FOURTH: I empower and authorize my Health Care Agent to make any and all health care decisions on my behalf if I am incapacitated.

FIFTH Unless I revoke it, this **Health Care Proxy** shall remain in effect, indefinitely.

SIXTH: This **Health Care Proxy** shall not be affected by my subsequent disability or incompetency.

SEVENTH: In the event my Health Care Agent above named is unable, unwilling or unavailable to act as my Health Care Agent, I hereby appoint as my **Alternate Health Care Agent**, my daughter, **KATHRYN NYGREEN AUSTIN**, residing at 473 Bird Road, Mansfield, Massachusetts, 02048, with Social Security Number 155-72-5091, phone number (617) 653-6553, date of birth July 17, 1978, with whom I have also discussed my wishes regarding health care.

EIGHTH: I, **NANCY MILLER NYGREEN**, authorize any physician, health-care professional, dentist, health plan, hospital clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give,


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disclose and release to my Agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including, without limitation, all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse. The authority given to my Agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. Notwithstanding anything within this Health Care Proxy to the contrary, such power and authority is effective immediately and the authority given my Agent shall not expire unless revoked by me in writing. I intend for my Agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. The purpose of each requested use or disclosure pursuant to the requirements of 45.CFR 164.508(c) is "at the request of the individual". This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996, 42 USC 132)d and 45 DFR 160-165, and all other applicable state and federal law.



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IN WITNESS WHEREOF, I, **NANCY MILLER NYGREEN**, have signed my initials on of each of the three (3) preceding page and have hereunto set my hand and seal, all this 29 day, of January in the year Two Thousand and Nineteen.

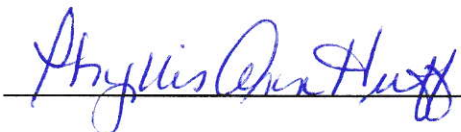

_____(L.S.)
Nancy Miller Nygreen

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acted willingly and free from duress. He or she signed this document in my presence, and I am not the person appointed as Health Care Agent by this document.

The foregoing instrument was signed, sealed, and published and declared by **NANCY MILLER NYGREEN**, as and for her **Health Care Proxy** in our presence, all being present at the same time and thereupon we, at her request, and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, all this 29th day, of January 2019.



residing at 128 Barber St
Mt Kisco, NY



residing at 71 Sighe Rd
Shenandoah, NY