

**DURABLE HEALTH CARE POWER OF ATTORNEY
AND
LIVING WILL**

I, **BRUCE WAYNE**, hereby appoint the person named below to be my agent to make physical, mental health, and personal care decisions for me when and only when I lack sufficient capacity, as verified by my attending physician, to make or communicate a choice regarding physical, mental health, or personal care decisions. This Durable Health Care Power of Attorney shall not be affected by my disability and my agents may not delegate authority to make decisions.

POWERS. My agents shall have all the following powers:

1. Authorize surgical procedures and medical care;
2. Authorize hydration (water) or nutrition (food) medically supplied by tube through my nose, stomach, intestines or veins;
3. Authorize my admission to or discharge from a medical, nursing, residential, mental health, drug and alcohol, or similar facility and to agree to hospice care;
4. Have full access to my medical and hospital records and all information regarding my physical or mental health and to release such records;
5. Hire and fire medical, mental health, social service and other service providers; Take any legal action to accomplish what I have directed;

APPOINTMENT OF AGENT

I do hereby constitute and appoint my wife **CAT WOMAN** my true and lawful health care agent for me and in my name and on my behalf generally to do, perform and make all health care and personal care decisions for me, including medical treatment, as authorized in this document. In the event that Cat Woman is unable or unwilling to act in this capacity for any reason, I appoint my son **RICHARD GRAYSON** as my alternate health care agent, with the same powers and authority as my primary agent.

This appointment of **CAT WOMAN** as my health care agent is in conjunction with my appointment of the same as my primary attorney-in-fact pursuant to a Power of Attorney of even date herewith. This appointment shall in no way limit or revoke all or any part of such Power of Attorney, which I intend to remain in full force and effect.

LIVING WILL DECLARATION

If I am suffering from a terminal medical condition, am permanently unconscious such as in an irreversible coma or in a persistent vegetative state such that there is no reasonable expectation of significant recovery as determined by my physician or physicians, I, **BRUCE WAYNE**, request that I be allowed to die and that I NOT be kept alive by artificial means or heroic measures.

I, **BRUCE WAYNE**, DO want to donate my organs.

I, **BRUCE WAYNE**, only want an autopsy if there are questions about my death raised by medical or law enforcement personnel.

LEGAL PROTECTION

I hereby release all health care providers from any claims arising out of their recognition of my agent's authority, or for their good faith adherence to my agent's instructions. Also, I release my agents of and from any liability for using the authority I have given here in this durable health care power of attorney and medical directive.

It is my intention that my agents be granted access to my medical and mental health records in order to make informed medical decisions on my behalf. Further, it is my intention that my alternate agents named herein shall be given access to my medical records, whether or not he or she has been appointed as my agent under the condition set forth above. Accordingly, I hereby waive the privacy protections of the Health Insurance Portability and Accountability Act ("HIPAA"), and any similarly applicable state law, and authorize full disclosure of my medical records to my primary and alternate agents named herein.

If any provision of this document shall be rendered unenforceable as a result of the passage of time or for other reason, the remaining provisions of this document shall not be affected and shall remain in full force and effect.

SIGNATURE.

I have carefully read this document (or it was read to me) and affirm that my intentions are accurately stated herein.

Date: _____

BRUCE WAYNE

WITNESS: _____

WITNESS: _____