

LAW OFFICES OF  
*LARRY E. CIESLA*

SPECIAL DURABLE POWER OF ATTORNEY FOR HEALTH CARE MATTERS

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_, have made, constituted and appointed, and by these presents do make, constitute, and appoint \_\_\_\_\_, as my attorney-in-fact for health care matters.

This durable power of attorney will not be affected by any physical or mental disability that I may hereinafter suffer except as provided by statute, and will be exercisable from this date. All acts done by my attorney-in-fact pursuant to this power will bind me, my heirs, devisees and personal representatives.

Without limiting the broad health-care powers conferred above, I authorize my attorney-in-fact to:

1. To arrange for and consent to medical, therapeutical and surgical procedures, including the administration of drugs, all in accordance with the provisions of Chapter 765, Florida Statutes, as the same may be from time to time amended.
2. My attorney-in-fact may seek review of my medical records, and execute releases of confidential information from medical providers and insurers or other third party payors, and shall be considered my personal representative for health care disclosure under 2004 federal HIPAA regulations.
3. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege or any similar privilege.
4. File or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid, and receive from Blue Cross/Blue Shield, or any other insurer, information obtained in the adjudications of any claim in regard to services furnished to me under title 18 of the Social Security Act.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Printed name:

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Printed name:

STATE OF FLORIDA )  
COUNTY OF ALACHUA )

Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_,  
who is personally known/produced \_\_\_\_\_ as identification

\_\_\_\_\_  
Notary Public