



Coalition of Wisconsin Aging Groups

Intergenerational Leadership Development ■ Education ■ Advocacy ■ Elder Law Center

REVOKING A POWER OF ATTORNEY FOR HEALTH CARE

Wisconsin law permits a Power of Attorney for Health Care (POA-HC) document to be revoked by the principal at any time. A POA-HC can be revoked by the principal by:

- burning, writing “void” on each page or otherwise destroying it;
- directing another person to destroy it in the presence of the principal;
- signing a document expressing the principal’s intent to revoke the document;
- verbally expressing the principal’s intent to revoke the power of attorney for health care in the presence of two witnesses; or
- executing a new POA-HC.

Reasons to revoke a POA-HC include:

- the principal changes his or her mind about any special instructions included in the POA-HC;
- the principal wants to change who is named as agent or alternate agent;
- the person named as the agent moves, becomes incapacitated or passes away and there is no alternate agent named;
- the agent and alternate agent do not want to perform these duties;
- the principal is dissatisfied with the decisions that the agent is making.

The Wisconsin Guardianship Support Center interprets the law governing Powers of Attorney for Health Care to permit the principal to revoke his or her POA-HC at any time prior to incapacity or during incapacity. In other words, a principal may revoke his or her document even if the document has been activated.

The preferred way to revoke a POA-HC is to sign a written document revoking the POA-HC. Two sample revocation documents are attached. Use Sample 1 to revoke a document that only covers health care powers. Use Sample 2 to revoke the appropriate portions of a document that combines health care and financial powers. The principal must sign and date the appropriate revocation document but does not need to have it witnessed. The principal should provide a copy of the completed revocation form to the agent, alternate agent, medical providers, medical facilities and other interested persons.

If the principal wishes to name another person to make health care decisions, he or she must execute a new POA-HC.

01/11



“Advocating for All Generations”

The Coalition of Wisconsin Aging Groups is a nonprofit, nonpartisan, statewide membership organization that was founded in 1978.

Coalition of Wisconsin Aging Groups

Intergenerational Leadership Development ■ Education ■ Advocacy ■ Elder Law Center

REVOCAION OF POWER OF ATTORNEY FOR HEALTH CARE

Sample 1 – use this form if the power of attorney for health care document being revoked covers only health care powers.

I, _____ [name of principal], hereby immediately revoke the power of attorney for health care that I previously executed on _____ [date] which had appointed _____ [name of agent] as my health care agent and _____ [name of alternate agent, if any] as my alternate health care agent. I hereby notify said agent or agents and any other interested persons that said power of attorney for health care is revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original.

Signed this _____ day of _____, 20____

Print name of principal

Signature of principal

NOTE: This form does not need to be witnessed or notarized. Provide copies to anyone who may have copies of the Power of Attorney for Health Care document that is being revoked. Retain the original of this form in your personal papers.



“Advocating for All Generations”

The Coalition of Wisconsin Aging Groups is a nonprofit, nonpartisan, statewide membership organization that was founded in 1978.

Coalition of Wisconsin Aging Groups

Intergenerational Leadership Development ■ Education ■ Advocacy ■ Elder Law Center

REVOCATION OF POWER OF ATTORNEY FOR HEALTH CARE

Sample 2 – use this form if the power of attorney for health care document being revoked covers health care and financial powers.

I, _____ [name of agent], hereby immediately revoke those portions covering health care decisions of the document titled _____ [add title of document] that I previously executed on _____ [date] which had appointed _____ [name of agent] as my health care agent and _____ [name of alternate agent, if any] as my alternate health care agent. I hereby notify said agent or agents and any other interested persons that those portions of said document are revoked.

I am not revoking portions of the above entitled document that do not cover health care decisions.

This revocation takes effect immediately. A photocopy has the same effect as an original.

Signed this _____ day of _____, 20_____

Print name of principal

Signature of principal

NOTE: This form does not need to be witnessed or notarized. Provide copies to anyone who may have copies of the Power of Attorney for Health Care document that is being revoked. Retain the original of this form in your personal papers.

If you wish to revoke all portions of the Power of Attorney, you must prepare a separate written revocation document revoking the entire document.