

Why Make a Hospital Visitation Authorization

"When you love someone and make a commitment to each other for good times and bad, there is an awful feeling when you can't follow through on your promises. I have a huge hole in my heart and soul because I couldn't be with Bobby when he needed me most."

~ Bill Flanigan

According to national hospital accreditation standards, you are "family" if you are someone's partner. Unfortunately, hospitals don't always recognize same-gender couples as family because of inadequate staff training or other policy deficiencies.

An even more problematic situation occurs when members of the immediate family prevent a partner or self-identified family member from seeing you or having a say in your medical treatment. Registering as Washington State domestic partners (if eligible) and creating a Durable Power of Attorney (DPOA) for Healthcare listing your partner or non-related loved one as your healthcare agent can be crucial to preventing this from happening.

For more information, advice, or to find out where to get the documents you need, talk to your attorney or physician, or contact COMPASSION & CHOICES of Washington.



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LGBTQ End-of-Life Advice



& Hospital Visitation Authorization



Partner with 

LGBTQ End-of-Life Advice

Even though Washington State has enacted domestic partnership (DP) laws that provide certain rights, only married couples have all the rights associated with marriage. Additionally, other states may not honor Washington's DP laws.

Every LGBTQ adult, whether legally partnered or not, should consider making these essential life-planning documents, also known as advance directives.

Documents protecting choices in medical care

- Directive to Physicians (a.k.a. Living Will)
- Durable Power of Attorney for Healthcare
- Physician Orders for Life Sustaining Treatment or "POLST" (Note: This form is recommended only after diagnosis with a serious health condition and must be signed by a physician.)
- Hospital Visitation Authorization

Documents protecting financial assets

- Power of Attorney
- Last Will and Testament

Talk to your partner, family (immediate and self-identified), and primary care physician about your decisions, and give them copies of all your documents. Tell your primary care physician to make them part of your medical record. Make clear to other family members that the healthcare agent named in your DPOA for Healthcare who may or may not be your partner is the person you have chosen to make your healthcare decisions, if you become unable to do so.

Additionally, if you can complete your own paperwork upon entering a medical facility, list your partner or loved one as "next of kin" or as the "emergency contact," and provide a copy of your Directive to Physicians, DPOA for Healthcare, and your Hospital Visitation Authorization.

HOSPITAL VISITATION AUTHORIZATION

I, _____,
residing at _____,
in _____ County, State of _____, do hereby give notice and authorization that if I
should become ill or incapacitated through any cause that necessitates my hospitalization, treatment, or
long-term care in a medical facility, it is my wish that the following person(s) _____

be given first preference in visiting me in such medical or treatment facility, whether or not there are par-
ties related to me by blood or law or other parties desiring to visit me, unless or until I freely give con-
trary instructions to medical personnel on the premises involved.

Executed this _____ Day of _____ (Month), _____ (Year)
at (location of signing) _____

By _____ Signature _____ Date _____

Witness 1

Signature _____
Address _____
Date _____

Witness 2

Signature _____
Address _____
Date _____

This form is provided by COMPASSION & CHOICES of Washington with funding from the Pride Foundation. For information
about choices at the end of life and case management services for the terminally ill, please contact us or visit our website at
CandCofWA.org.