

**HOSPITAL VISITATION AUTHORIZATION**

My name is \_\_\_\_\_ . I was born on \_\_\_\_\_ .

The last four digits of my Social Security number are \_\_\_\_\_ . My address is:

\_\_\_\_\_ .

I designate and authorize the following person(s) to have first preference, right, and authority to visit me in any medical institution, hospital, clinic, or other treatment facility in which I am admitted, being evaluated, and/or receiving any type of medical care, whether I am conscious or not:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above-named person(s) should be admitted to visit me regardless whether the person(s) are related to me by blood, marriage, or other law. This Hospital Visitation Authorization is not intend to limit or restrict any other person who would otherwise be entitled to visit me in a hospital or treatment facility, but is to expressly grant the person(s) named above the authorization to have first preference, right, and authority to visit me.

This Hospital Visitation Authorization is being made in accordance with existing law and in consideration of Section 2 of H.J.R. No. 6 adopted by the 79<sup>th</sup> Texas Legislature, and should be construed in the most favorable fashion to the above named person(s) and shall remain in full force and effect unless revoked by me. The right to visit me in a hospital or medical facility shall not terminate upon the arrival of any other member of my family, whether related by blood or marriage. If any portion of this instrument is held unlawful or otherwise invalid, all remaining provisions shall remain in full force and effect. This instrument shall not be limited to a hospital or treatment facility in any particular jurisdiction, but is intended to be effective in any locale, political subdivision, city, town, county, parish, province, state, nation, or any other jurisdiction, both domestic and foreign. This Hospital Visitation Authorization shall become effective immediately when I sign it and a copy of this instrument shall have the same force and effect as an original.

SIGNED and EXECUTED on \_\_\_\_\_ .

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STATE OF TEXAS §§ COUNTY OF \_\_\_\_\_

On this day, before me, the undersigned authority, personally appeared \_\_\_\_\_ , known to me to be the persons whose name is subscribed to the foregoing instrument, and said person acknowledged to me he/she executed the same for the purposes therein expressed. Witness my hand and seal on \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public – State of Texas