

COVID-19 HOSPITAL DIRECTIVE

POWER OF ATTORNEY / MEDICAL PROXY

I, _____, the “Principal” appoint the following person as my healthcare “Agent” and to make medical decisions on my behalf, on the occasion that I become incapacitated or am otherwise unable to make decisions for myself, as determined by a physician.

I have notified the “Agent” of my wishes concerning my healthcare.

I appoint the following individual as my healthcare “Agent”

Agent: _____

Relationship: _____

Phone Number: _____

Address: _____

My Agent knows that I ONLY want to be treated with (NIH approved) Ivermectin and REFUSE to be treated with Remdesivir.

My Agent knows that if my Oxygen Levels are dropping that I ONLY want Non-Invasive respiratory care and to be treated with Budesonide and Steroids.

Principal can withdraw this power of attorney at any time that they see fit.

Signed by

Signed By

Principal

Date

Agent

Date

Signed By

Witness

Date

Initial _____

COVID-19 ADDENDUM

I REFUSE To be Treated with REMDESIVIR

I DEMAND To Be Treated with IVERMECTIN. Ivermectin is an NIH approved Treatment.
<https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/>

SEE Attached proof on CMS.gov that Medicare is bribing hospitals up to \$39,000 to put patients on Remdesivir and a Ventilator.

<https://rense.com/general96/hospitals-are-being-bribed.php>

AMA CODE OF ETHICS – PATIENT RIGHTS

My Patient Advocate and I are fully aware of my Patient Rights which include the right:

1. To courtesy, respect, dignity, and timely, responsive attention to my needs.
2. To receive information from my physicians and to have an opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment. Patients should be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.
3. To ask questions about their health status or recommended treatment when they do not fully understand what has been described and to have their questions answered.
4. To make decisions about the care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention.
5. To have the physician and other staff respect the patient's privacy and confidentiality.
6. To obtain copies or summaries of their medical records.
7. To obtain a second opinion.
8. To be advised of any conflicts of interest their physician may have in respect to their care.
9. To continuity of care. Patients should be able to expect that their physician will cooperate in coordinating medically indicated care with other health care professionals, and that the physician will not discontinue treating them when further treatment is medically indicated without giving them sufficient notice and reasonable assistance in making alternative arrangements for care.
10. I am therefore am expecting that my wishes of wanting to be treated with an NIH approved treatment for Covid, Ivermectin, will be fully respected and that no treatment, including the gene therapy known as a “vaccine” will be forced upon me without my consent.

Initial _____

ADVANCED CARE DIRECTIVE

If I have been admitted to the hospital solely due to testing positive for Covid or any Covid variant, I do NOT want to be put on a mechanical breathing device or Ventilator.

If my Oxygen Levels are dropping I ONLY want Non-Invasive respiratory care and to be treated with Budesonide and Steroids.

I REFUSE to be Treated with REMDESIVIR. Research has PROVEN Remdesivir patients suffer from Kidney and Organ Failure and Pulmonary Edema and usually require a Ventilator. Details on my website at CovidHealing.info

I INSIST on TREATMENT with IVERMECTIN. It is an APPROVED NIH TREATMENT so there is NO REASON why this treatment would be withheld from me.

If for some reason I suffer from a Heart Attack from Covid, you are authorized to do CPR or use any other method to Revive me BUT please do anything you can NOT to put me on a VENT!!!

IF you have to Vent me after a Heart related episode, please plan to remove the Vent within 3 days as research has shown that 84.9% of Patients are not surviving being Vented for more than 96 consecutive Hours.

Signed by

Signed By

Principal

Date

Agent

Date

Signed By

Witness

Date

Initial _____