



Mount Sinai Health System  
New York, NY

# Family Health Care Decisions Act (FCHDA) Form 2

## Documentation of Patient's Domestic Partner or Close Friend

**USE** in conjunction with Forms 1, 2, 3, 4, 5, or 6 as applicable

**DO NOT** use this form if the patient has appointed a health care proxy and the agent is available.

**DO NOT** use this form for a patient who lacks capacity due to mental illness or developmental disability. Instead, contact the Office of the General Counsel.

### I. Domestic Partner<sup>1</sup>

I am the patient's Domestic Partner because: **(Check one)**

- I am formally in a domestic partnership or other relationship with the patient that is legally recognized in any state or local jurisdiction in the United States, or I am listed as the patient's domestic partner in a registry maintained by the patient's or my employer, or by any state, municipal, or foreign jurisdiction; **OR**
- I am formally recognized as a beneficiary or covered person under the patient's employment benefits or health insurance, or the patient is a beneficiary under such benefits of mine; **OR**
- The patient and I are mutually interdependent for support as shown by all the circumstances demonstrating an intention to be domestic partners, including but not limited to factors such as common ownership or leasing of a home, common residence, shared through personal relationship.

\_\_\_\_\_  
Name of Domestic Partner (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

\_\_\_\_\_  
Date

### II. Close Friend<sup>2</sup>

I am the patient's Close Friend because: **(Check one)**

- I am a close friend of the patient or relative of the patient (but not the patient's parent, spouse or sibling, or adult child); **AND**
- I have maintained such regular contact with the patient so as to be familiar with the patient's activities, health, and religious or moral beliefs.

\_\_\_\_\_  
Name of Close Friend (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

\_\_\_\_\_  
Date

**THIS FORM MUST BE PLACED IN THE PATIENT'S MEDICAL RECORD.**

<sup>1</sup> Domestic Partner does not include anyone younger than 18 years of age, or the adopted child of the patient, or someone related to the patient by blood in a way that would preclude marriage.

<sup>2</sup> Close Friend must be 18 years of age or older.