

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

E-mail address: _____

6. Appointment of an emergency guardian, with or without notice, is not a determination of the respondent's incapacity.

7. The court appoints the following attorney to represent the respondent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email address: _____

Primary Phone: _____ Alternate Phone: _____

Attorney Registration #: _____

8. Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows: _____

9. The emergency guardian is authorized to access the respondent's medical records and information. The emergency guardian is deemed to be respondent's personal representative for all purposes relating to respondent's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

10. **Letters of Guardianship will be issued.** This emergency guardianship expires on _____ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this order. The powers and duties of the emergency guardian are as follows:

11. **The court further orders:**

Date: _____

 Judge Magistrate