**Recorded conversation with patient being held against their will in Hospital**

**Start recording:**

**Today is (Month, day year and time of day) My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am Durable Medical Power of Attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or sister/mother (relation to a patient) in (name of Hospital and address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please speak as clearly as possible and respond with Yes or No.**

**Am I speaking to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? Yes or No**

**Are you cognizant and of sound mind? Yes or No**

**Do you feel safe? Yes or No**

**Do you feel that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital is abiding by their own policies and patient bill of rights? Yes or No**

**Have you been unlawfully coerced and bullied into taking a swabbed Covid19 test? Yes or No**

**Is the hospital unlawfully coercing you into taking the drug remdesivir or being put on the ventilator? Yes or No**

**Is it your wish to receive Ivermectin, Hydroxychloroquine, vitamin C infusions, vitamin D and zinc (Dr. Zelenko’s Protocol) to combat Covid19 in place of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital’s Covid19 protocol?**

**Yes or No**

**Do you want me, as your lawful Durable Medical Power of Attorney physically present with you in your room to advocate for you and assist you with your medical decisions? Yes or No**

**Do you want to be discharged from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital? Yes or No**

**Are you lawfully demanding full disclosure of any and all of your medical records in hard copy to be in your hand the day of discharge?**

**Yes or No**

**Are you demanding the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital’s liability Insurance carrier, policy number and contact info? Yes or No**

**Thank you.**