

ADVANCE HEALTH CARE DIRECTIVE for Christian Scientists

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be your practitioner or an employee of Arden Wood if you are receiving care there, unless your agent is related to you or unless you work at Arden Wood and your agent is a co-worker there.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This would include even non Christian Science care. This form, however, states that your agent will consent only to care within the tenets and practices of Christian Science, unless you specifically direct otherwise in it. Therefore, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition, as long as such care, treatment, service, or procedure falls within the tenets and practices of Christian Science.
- (b) Select or discharge health care providers and institutions, as long as such providers and institutions practice within the tenets and practices of Christian Science.

Given the foregoing, unless you make a clear statement to the contrary on this form, your agent will not have the right to:

- (a) Approve medical tests, surgical procedures, and programs of medication.
- (b) Direct the provision of artificial nutrition and hydration, cardiopulmonary resuscitation, and all other forms of medical care designed to prolong life when death would otherwise be imminent.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of care to keep

you alive, as well as the provision of pain relief, in the event that you choose to receive medical care or if Christian Science nursing care is not available. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. This would include any specific care or treatment to be provided that is not within the tenets and practices of Christian Science. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form contains a waiver of liability in which you agree to hold harmless your agent, any Christian Science practitioner, or any Christian Science facility from liability for following the instructions in your Advance Health Care Directive about receiving care in accordance with the tenets and practices of Christian Science.

Part 4 of this form contains places for your signature and the signatures of two witnesses or of a notary public.

After completing this form, sign and date it in Part 4. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your practitioner, to Arden Wood, and to any other health care providers you may have, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this Advance Health Care Directive or replace this form at any time.

PART 1

POWER OF ATTORNEY FOR HEALTH CARE

1.1. **DESIGNATION OF AGENT:** I designate the following individual as my agent to make health care decisions for me:

(name of individual you choose as agent)

(address) (city) (state) (ZIP code)

(home phone) (cell phone) (email address)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (ZIP code)

(home phone) (cell phone) (email address)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent)

(address) (city) (state) (ZIP code)

(home phone) (cell phone) (email address)

1.2. **AGENT'S AUTHORITY:** My agent is authorized to make all health care decisions for me, as long as he or she acts in accordance with the tenets and practices of Christian Science, except as otherwise stated in this Advance Health Care Directive. Specifically, my agent has the authority to do the following, if I have initialed the appropriate box:

<p>Christian Science Practitioner or Nurse</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(1) To employ any Christian Science Practitioner or Christian Science Nurse, and to discharge any Christian Science Practitioner or Christian Science Nurse as my agent may deem necessary for my physical, mental and emotional well-being; and to pay them, or any of them, reasonable compensation.</p>
<p>Medical Practitioner or Nurse</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(2) To employ any medical practitioner (including a medical doctor or dentist) or nurse to provide health services of a more or less mechanical nature, such as the pulling of a tooth, setting of a broken bone, or the taking of stitches, as consistent with the tenets and practices of Christian Science.</p>
<p>Christian Science Facility</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(3) To arrange for or modify nursing care in any accredited Christian Science Nursing Facility, or home care by a Christian Science Nurse.</p>
<p>Personal Care Decisions</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(4) To make decisions relating to my personal placement and care, including but not limited to, (i) determining where I will live; (ii) directing my diet; (iii) hiring persons to assist me in my residence; (iv) providing me with transportation; (v) handling my mail and correspondence; and (vi) arranging recreation and entertainment for me.</p>
<p>Medicare Elections</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(5) To sign a Medicare election form allowing me to receive Medicare benefits for nursing services furnished in a religious nonmedical health care institution like Arden Wood.]</p>

1.3. **WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:** My agent's authority becomes effective when it has been determined that I am unable to make my own health care decisions, unless I initial the statement to the contrary below. I understand that under California law I, as a Christian Scientist, may have a Christian Science practitioner, in lieu of a physician, make the determination of my capacity to make health care decisions.

My agent's authority to make health care decisions for me takes effect immediately:

Initial, if appropriate

1.4. **AGENT'S OBLIGATION:** My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions that I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

1.5 **AGENT'S POSTDEATH AUTHORITY:** My agent is authorized to direct disposition of my remains, except as I state here:

(Add additional sheets if needed.)

1.6. **NOMINATION OF CONSERVATOR:** If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

<p>Use of medical assistance when consistent with Christian Science</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(2)The foregoing to the contrary notwithstanding, my agent may, if my agent determines it appropriate, cause me to receive assistance from a medical doctor or a dentist, as the case may be, where such assistance consists of a more or less mechanical nature, such as the pulling of a tooth, setting of a broken bone, or the taking of stitches. Such assistance is consistent with the tenets and practices of Christian Science.</p>
<p>Medical life prolonging care</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(3) Other than as stated above, I do not wish to receive medical life-prolonging care, surgery, medicine, diagnostic testing, shock treatment, or drugs of any kind.</p>
<p>No intervention on your behalf for medical treatment</p> <p>_____</p> <p>Initial, if appropriate</p>	<p>(4) I have made my wishes known to my agent and have asked my agent to carry out those wishes if I am unable to act on my own behalf. I request that no governmental agency nor any other group or individual intervene to cause medical treatment to be given to me or to cause me to be hospitalized against my stated wishes or against the instructions and decisions of my agent. By arranging for Christian Science treatment for me in lieu of medical treatment, even in a situation which may be deemed life- threatening, my agent shall not be subject to civil or criminal liability.</p>
<p>All references to Christian Science Practitioners and Christian Science Nurses shall mean those listed in the then current edition of the "Christian Science Journal" or nurses affiliated and recommended by a Christian Science facility. All references to an accredited Christian Science Nursing Facility shall mean a Christian Science sanatorium or nursing facility accredited by either by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or the Organization for Accreditation of Christian Science Care Facilities. If the agent is unable to gain admission for me in a fully accredited Christian Science sanatorium or nursing facility, my agent is authorized to use a non-accredited Christian Science sanatorium or nursing facility provided such sanitarium/facility requires its patients to be under the care of a Christian Science Practitioner.</p>	

2.2. SPECIFIC INSTRUCTIONS: I hereby direct that my care be conducted in accordance with the specific instructions below, even if they conflict with my instructions as expressed in Sections 2.1 (Please include any specific instructions here, including any care or treatment that you wish to receive that is not within the tenets and practices of Christian Science):

(Add additional sheets if needed.)

**PART 3
WAIVER**

I understand that this Advance Health Care Directive gives my agent the authority to direct my care only in accordance with the tenets and practices of Christian Science, unless I have specifically stated to the contrary in Section 2.2 or elsewhere in the Directive. I hereby agree to hold harmless and to waive any liability on the part of my agent, any Christian Science practitioner, and any Christian Science facility for harm or injury that I may suffer after complying with my instructions in this Directive about receiving care in accordance with the tenets and practices of Christian Science.

**PART 4
SIGNATURES**

- 4.1. **EFFECT OF COPY:** A copy of this form has the same effect as the original.
- 4.2. **SIGNATURE:** Sign and date the form here:

_____	_____
(sign your name)	(date)
_____	_____
(print your name)	(address)

	(city) (state)

4.3. **STATEMENT OF WITNESSES:** I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this Advance Health Care Directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's practitioner or provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness	Second witness
(print name)	(print name)
(address)	(address)
(city) (state)	(city) (state)
(signature of witness)	(signature of witness)
(date)	(date)

4.4. **ADDITIONAL STATEMENT OF WITNESSES:** At least one of the above witnesses must also sign the following declaration:

I further declare **under** penalty of perjury under the laws of California that I am not related to the individual executing this Advance Health Care Directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

(signature of witness)	(signature of witness)
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STATE OF CALIFORNIA
COUNTY OF

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On this day _____ day of _____, 20____, before me, the undersigned
Notary Public, personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Print Name: _____