

WIDE HORIZON, INC.

ADVANCE CHRISTIAN SCIENCE CARE DIRECTIVE

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. You are free to use a different form. If you use this form, you may complete or modify all or any part of it. You also may choose not to complete any form, but if that is your choice, you cannot be admitted to Wide Horizon.

Part 1

This section is a power of attorney for health care and a separate release under federal privacy law. So, part 1 is for you to name and designate 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 agent is not willing, able, or reasonably available to make decisions for you. Unless related to you, an agent should not be an officer, director, operator, or employee of a Christian Science nursing facility at which you are receiving care. Note that naming a Christian Science practitioner as agent is not recommended.

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you and all your health records may be released to those persons you designate. Both forms have a place for you to limit the authority of your agent, length of time or purpose for the release of information. You need not limit the authority of your agent for all decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

A. Rely on Christian Science for healing of any physical illness or disease, or mental illness or disease and engage on your behalf in case of physical disease or mental illness, including any of the following:

- Services of a Christian Science practitioner who advertises in *The Christian Science Journal* at the time the service is provided.
- Hospitalization in a Christian Science nursing facility accredited by “The Commission for Accreditation of Christian Science Nursing Organization/Facilities, Inc.”
- Services of Christian Science nurses who advertise in *The Christian Science Journal* at the time the services are provided.
- Necessary services and supplies.

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B. Consent to or refuse medical treatment. If your agent consents to or directs medical treatment for you, you may not remain at Wide Horizon and you will be transferred to a health care facility that will comply with your agent's decision.

Part 2

You can give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision of treatment in accordance with the religion of Christian Science as taught by Mary Baker Eddy. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 3

You can name an individual to serve as your Christian Science practitioner. You may also designate an alternate if the first person is not willing, able or reasonably available to serve. You should be aware that most Christian Science nursing facilities require patients to be under the care of a practitioner currently listed in *The Christian Science Journal*.

The separate "HIPAA Authorization and Release" form allows for the release of health information (to the degree you designate same) to relatives, friends or others, not just your "Agent."

Part 4

After completing this form, sign and date the form at the end and, if you wish, request two individuals other than yourself to sign as witnesses.

It is highly recommended that you give a copy of the signed and completed form to any Christian Science nursing facility at which you are receiving care, and to any health care agents you have named. You should talk to any person you have named as agent to make sure that he or she understands your wishes and is willing to assume the responsibility.

It should also be noted that you have the right to revoke this advance health care directive or replace this form at any time.

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PART I – POWER OF ATTORNEY FOR HEALTH CARE

A. 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)

(Street)

(City/town)

(State)

(Zip)

(Phone)

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

(Name of individual you choose as first alternate agent)

(Street)

(City/town)

(State)

(Zip)

(Phone)

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

(Name of individual you choose as second alternate agent)

(Street)

(City/town)

(State)

(Zip)

(Phone)

B. AGENT’S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide treatment in accordance with the theology and religion of Christian Science as taught by Mary Baker Eddy.

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C. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: If I do not initial the box, my agent's authority takes effect immediately. By initialing here _____, my agent's authority becomes effective when the following named individual determines that I am unable to make my own health care decisions.

(Name of individual you choose to determine your decisional capacity - should not be the same individual you chose as agent or alternate agent.)

(Street)

(City/town)

(State)

(Zip)

(Phone)

D. AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any health care instructions I give in Part 2 of this form, and my other wishes if known to my agent. If 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 not only my personal values if known to my agent, but also that I believe that Christian Science is the most effective method of caring for myself.

E. NOMINATION OF GUARDIAN: If a guardian 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 guardian, I nominate the alternate agents whom I have named, in the order designated.

F. DIRECTION TO GIVE NOTICE OF COMMUNICABLE DISEASE: I direct that my agent, if he/she has reason to believe that I have any communicable disease deemed dangerous to the public health, promptly give either verbal or written notice thereof to the proper authorities when the law so requires.

G. IMMUNITIES:

(1) My agent shall not be subject to criminal prosecution or civil liability for exercising the authority granted by the Power of Attorney if the action is in accordance with the terms of this document.

(2) Any Christian Science practitioner and/or Christian Science nursing facility acting or declining to act in reliance on the consent, refusal of consent or selection from alternative proposals for health care of my agent shall not be subject to criminal prosecution, civil liability or professional disciplinary action.

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PART 2 – HEALTH CARE INSTRUCTIONS

(If you do fill out this part of the form you may strike any wording you do not want).

I wish to rely (solely) on Christian Science for healing of any physical illness or disease, mental illness or disease. I specifically authorize (and direct) my agent to engage on my behalf in case of physical disease or mental illness, any one or more of the following:

- Services of a Christian Science practitioner who advertises in *The Christian Science Journal* at the time that the services are provided.
- Hospitalization in a Christian Science nursing facility recognized by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. and the Association of Organizations for Christian Science Nursing.
- Services of Christian Science nurses.
- Necessary services and supplies.

H. OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

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PART 3 – DESIGNATION OF CHRISTIAN SCIENCE PRACTITIONER

I. PRACTITIONER DESIGNATION: I designate the following Christian Science practitioner to provide treatment through prayer for me if he/she will accept the designation.

(Name of Christian Science Practitioner)

(Street)

(City/town)

(State)

(Zip)

(Phone)

OPTIONAL: If the Christian Science practitioner I have designated above is not willing able, or reasonably available to serve as my practitioner, I designate the following Christian Science practitioner to provide treatment through prayer for me.

(Name of Christian Science Practitioner)

(Street)

(City/town)

(State)

(Zip)

(Phone)

(J) EFFECT OF COPY: A copy of this form has the same effect as the original.

(K) SIGNATURES: Sign and date the form here:

(Print your name)

(Sign your name)

(Date)

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PART 4 – SIGNATURES OF WITNESSES

First Witness

Second Witness

(Print Name)

(Print Name)

(Address)

(Address)

(City) (State) (Zip)

(City) (State) (Zip)

(Signature of Witness)

(Signature of Witness)

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