

SPECIAL DURABLE POWER OF ATTORNEY
OF
YOUR NAME HERE

Regarding Health Care Decisions
(Effective Immediately)

1. **DESIGNATIONS.** I, **YOUR NAME HERE**, a married person, residing and domiciled in the state of Washington, as principal, hereby designate my spouse, **YOUR SPOUSE'S NAME**, if willing and able to serve, to act as attorney-in-fact for me in the manner hereinafter defined pursuant to RCW 11.94. If for any reason at any time my spouse should be unwilling or unable to act or to continue to act hereunder, I hereby designate the following, in the order and priority listed, to act as attorney-in-fact for me under this Special Durable Power of Attorney:

- A. My daughter, **NAME HERE**
- B. My son, **NAME HERE**

2. **EFFECTIVENESS.** This Special Durable Power of Attorney is effective immediately upon my signing it. Further, this Special Durable Power of Attorney shall not be affected by my disability.

3. **STATEMENT OF AUTHORITY GRANTED.** My attorney-in-fact shall have the power and authority described below to matters involving my health and medical care. In connection with such health care decisions and directives, I hereby acknowledge having executed a Living Will which, from time to time, I may update, and I hereby declare I am executing this Special Durable Power of Attorney, in part, with the expressed intention that my wishes stated in my most current Living Will, if any, be followed. Furthermore:

3.1 In exercising the authority granted herein, the attorney-in-fact is directed to try to discuss with me the specifics of any proposed decision regarding my medical care and treatment as long as I am able to comprehend and to communicate in any way, even by blinking my eyes.

3.2 The attorney-in-fact is further instructed to give or withhold consent to medical treatment based upon those treatment choices that I have expressed

while competent, whether in this instrument or otherwise. Should my attorney-in-fact be unable to determine the treatment choice I would want made under the circumstances, or when the attorney-in-fact does not have any stated desires or instructions from me to follow, then the choice should be based upon what he or she believes to be in my best interests, all options considered.

3.3 My attorney-in-fact is specifically authorized to give informed consent for health care treatment. This includes but is not limited to consent to initiate, continue, discontinue, or forego medical care and treatment including artificially supplied nutrition and hydration, following and interpreting my instructions for the provision, withholding, or withdrawing of life-sustaining treatment, which are contained in any Directive to Physicians I may have executed or elsewhere, and to receive and consent to the release of medical information.

4. **LIMITATIONS ON AUTHORITY.** The above authorization to make health care decisions does not include the following, absent a court order:

- (1) Therapy or other procedure given for the purpose of inducing convulsion;
- (2) Surgery solely for the purpose of psycho-surgery;
- (3) Commitment to or placement in a treatment facility for the mentally ill, except pursuant to the provisions of RCW Chapter 71.05;
- (4) Sterilization.

5. **SPECIAL PROVISIONS.** In exercising the powers set out herein with respect to my health care, my attorney-in-fact shall be governed by the following provisions:

5.1 I hereby declare that I am a Christian Scientist and adhere to the tenets and practices of the First Church of Christ, Scientist, Boston, Massachusetts. In accordance with those tenets and practices, I hereby elect to rely exclusively on spiritual means for healing in the event of any physical or mental problem or for any care or treatment therefor. Accordingly, my attorney-in-fact shall have the authority to request and authorize treatment of any health problems, physical or mental, experienced by me, exclusively by prayer or spiritual means in accord with the tenets and practices of the Christian Science religion.

5.2 I hereby specify that in the event of such a need, I be treated by an accredited Christian Science practitioner. I further specify that if I need any physical care, it be provided, if possible, by an accredited Christian Science

nurse and/or at a Christian Science nursing or care facility, as the case may require.

5.3 I further authorize my attorney-in-fact to refuse any medical care or treatment whatsoever, and I make these elections in good faith in the exercise of my sincerely held religious beliefs and convictions.

5.4 I desire that my wishes as expressed in this instrument be carried out through the authority given to my attorney-in-fact despite any contrary feelings, beliefs, or opinions of members of my family, my friends, my guardian, or health care providers.

6. **REVOCATION.** While competent, I may revoke this power of attorney by giving to the attorney-in-fact written notice personally delivered or mailed to such person's last known address. I expressly do not hereby revoke that certain General Durable Power of Attorney dated the same date as this document, nor any other power of attorney previously executed by me.

7. **TERMINATION.** This power of attorney shall be terminated upon receipt of written notice or actual knowledge by the attorney-in-fact of my and further may be terminated by the guardian of my estate following court approval of such termination.

8. **ACCOUNTING.** The attorney-in-fact shall be required to account to any subsequently appointed guardian of my estate or the personal representative of my estate.

9. **RELIANCE.** The attorney-in-fact and any person dealing with the attorney-in-fact each shall be entitled to rely upon this power of attorney so long as such party has not received actual knowledge or actual notice of revocation, suspension or termination of this power of attorney by death or otherwise. Any action so taken in good faith unless otherwise invalid or unenforceable shall be binding on the heirs, legatees, devisees and personal representatives of mine.

10. **INDEMNIFICATION.** My estate shall hold harmless and indemnify the attorney-in-fact from any and all liability for acts done in good faith.

11. **COMPENSATION.** The attorney-in-fact shall be reimbursed for all costs and expenses reasonably incurred and shall receive at least annually, without the necessity of court approval, such reasonable compensation for services performed as attorney-in-fact as is reasonable in the community for like services performed as guardian of the estate.

12. **HIPAA.** I hereby designate as personal representative under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that person named in section 1 hereinabove as attorney-in-fact to obtain all medical records or health care

