



ADMISSIONS STATEMENT OF UNDERSTANDING

By signing below, I acknowledge my understanding that the care provided at this facility, is intended to be entirely consistent with the practice of Christian Science; a Bible-based system of spiritual healing based on the teachings of Christ Jesus and articulated in the book *Science and Health with Key to the Scriptures*, by Mary Baker Eddy.

I hereby represent that I have freely and voluntarily elected to use Christian Science treatment for health care and that, in this regard, I have requested to be admitted at Sunrise Haven, an accredited Christian Science Nursing facility, licensed in Washington State as a Religious Non-Medical Health Care Institution.

SPECIFICALLY, I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

Christian Science Nursing Care Includes –

- Affirmation of man's spirituality and God's all-presence.
- Reading aloud from the Bible, *Science and Health with Key to the Scriptures*, and other writings by Mary Baker Eddy, and other literature published by The Christian Science Publishing Society.
- Communication with the patient's *Journal*-listed Christian Science practitioner and family,
- Encouragement in support of normal activity,
- Assistance with bathing, toileting, oral care
- Assistance with lifting, turning, positioning in a chair or bed,
- Help with wheelchairs, walkers, etc.
- Preparation and/or modification of food, assistance with eating,
- Cleansing and covering of wounds,
- Instruction of others as to Christian Science nursing care.

Christian Science Nursing Care Excludes –

- Diagnosis of either symptoms or conditions,
- Plans for medical treatments,
- Recording the effect of such treatment,
- Administration of medicines or drugs,
- Medically oriented techniques, equipment, and technology,
- Physical therapy,
- Advice as to health care decisions

Furthermore, I acknowledge that –

- I understand the special nature of Christian Science treatment for health-related challenges and the importance of my continuous cooperation and voluntary support thereof. My conviction and reliance are on spiritual resources, not on material means.
- I understand that I may terminate the services at Sunrise Haven at any time without penalty or special notice.

I ACKNOWLEDGE THE FOLLOWING PATIENT’S RIGHTS AND RESPONSIBILITIES:

- I will be treated courteously, compassionately, and impartially. My dignity and individuality will be respected.
- I will be included in decisions about my care.
- I will notify Sunrise Haven administration if I elect to use any other type of health care.
- I do not and will not use alcohol or tobacco products, drugs , vitamins, nutritional beverages, or medications or supplements.
- I will inform members of my family about the contents of the Statement.

Name (PRINT)

Date

Signature