

Dear Friend,

The language of the Advance Directive was established by the Oregon legislature so that individuals may have a uniform and legally effective way to communicate their health care wishes. Although no one is required by law to complete an Advance Directive, you may find it useful to do so, especially to make clear your desire for Christian Science care. Before you begin filling out your Advance Directive form, please carefully read this letter, the Advance Directive form, and the optional Addendum A. If you have questions, you are welcome to call the Canterbury Crest administrative office at 503-464-6740 or consult with an attorney of your choice.

### **THE OREGON ADVANCE DIRECTIVE FORM (ORS 127.531)**

The introduction explains the document's purpose and legal effect. After you have read it, and when you are ready to proceed, write your personal information in the spaces provided.

#### **PART 1: About Me.**

This section is about you. Complete it with your contact information.

#### **Part 2: Appointment of Health Care Representative**

Part 2 takes the place of the old Power of Attorney for Health Care form. Select your primary Health Care Representative. Provide two alternative Health Care Representatives in case your primary Health Care representative is not available. The individuals you choose should be persons you trust to carry out your health care wishes. Once they have agreed to serve in this capacity, put their names and personal information in the spaces provided.

To appoint your Health Care Representative(s), you must sign and date the bottom of Part 5. You may either sign and date in front of your witnesses or, after you have signed, "acknowledge" your signature by telling your witnesses that the signature on Part 5 is yours.

#### **PART 3: Instructions to my Health Care Instructions**

If you wish to receive Christian Science care exclusively as outlined in Addendum A, or if you write your own addendum, refer to the addendum in Part 3 as other instructions: Write in "See attached Addendum A."

#### **Part 4: Directions regarding my end of life care**

This part of the Advance Directive form assumes that the person signing it is under medical care. As a Christian Scientist, you are entirely free to choose any kind of care you wish. If you expect to be under medical care, the assumptions of Part 4 may be appropriate. If, on the other hand, you wish to have only Christian Science care, or limit the role of medical personnel, you may do so in item C of Part 4, which allows you to write your own instructions both to your Health Care Representative and to health care providers. Addendum A, which we have provided, is an example of such instructions, and you are

welcome to use some or all or none of it. You are also free to write your own instructions or modify Addendum A however you choose.

Before filling out any of Part 4, read the note at the beginning and items A and B carefully. Note that the instructions in items under **B. Additional Directions Regarding End of Life Care** apply only if two physicians confirm that you are in the medical condition described in the item. A medical diagnosis is therefore required before your instructions take effect. If you do not wish to be subject to the determinations of physicians; you may ignore Part B and use the opportunity given in item **C. Additional Instructions** to write your own instructions.

If you decide to use Addendum A or any other instructions you have written, be sure to attach the document to the Advance Directive form and reference it in Part 3 next to **Other Instructions**. It is also wise to sign and date your addendum and have your witnesses sign and date it as well; page 2 of Addendum A provides an example.

#### **Part 5: My Signature**

Here you sign and date the document.

#### **PART 6: Witness**

You may either have a notary attest to your signing the document or having two witnesses attest to your signing the document. Choose your witnesses carefully! For each witness, the statement under **B. Witness Declaration** must be true. Following the instructions on the form, have each witness sign and date and print their names as indicated, after they have watched you sign the form under Parts 5. If you are using Addendum A or your own addendum, have your witnesses sign and date that document as well.

#### **Part 7: Acceptance by my Health Care Representative:**

Your appointed Health Care Representative(s) must sign and print their names, indicating by their signatures that they agree to represent you in this way. If they are too far from you to sign the original of the document, they may sign and return a faxed or emailed copy. If they become unavailable in the future or tell you they no longer wish to serve, you should find new representatives and execute a new Advance Directive.

#### **CONCLUSION**

This letter is intended to assist Christian Scientists in navigating the Oregon Advance Directive form. It does not, however, constitute legal advice, and readers are encouraged, if they have questions concerning the effectiveness of a particular use or modification of the form, to consult an attorney of their choice. Copies of the form and the optional Addendum A are available on the Canterbury Crest website, [www.canterburycrest.org](http://www.canterburycrest.org). Once an Advance Directive is completed, both the person completing it and his or her Health Care Representatives should keep a copy in a safe but readily accessible place. Also, it is wise to carry in a wallet or purse a card that states who one's health care

representative is and how that person may be contacted. Emergency response personnel are trained to look for such information, which is often found on a card labeled ICE (In Case of Emergency).

Sincerely,

James Phillips

Executive Director

Canterbury Crest, Inc.