

ADDENDUM A – Christian Science

The person(s) named above know that I am a Christian Scientist and conscientiously rely on Christian Science care and treatment. Except as specified below, I desire that only Christian Science care and treatment be administered to me. For treatment of a bone fracture or other accidental injury, I authorize my Health Care Agent (“Agent”) to obtain prompt medical treatment as is reasonably necessary and minimally invasive. Apart from these circumstances, I intend that everyone understand that I, and my Agent on my behalf, assert my legal right to refuse medical treatment and to terminate any medical care undertaken and to rely on these special provisions regarding my adherence to Christian Science, hereby releasing any medical care provider from liability for following these directives.

Tenets and Practices

- a. I am a member of the Church of Christ, Scientist, also known as the Christian Science denomination. The tenets and practices of Christian Science include healing entirely by spiritual means through prayer. It is my desire to rely entirely and exclusively upon Christian Science treatment for all my health care needs. Therefore, in lieu of any and all forms of medical treatment, including those thought necessary to sustain my life, I authorize and direct my Agent to arrange for my health care by spiritual means through prayer, exclusively, in accordance with the tenets and practices of Christian Science.

_____ (initials)

- b. I desire to receive Christian Science treatment from a Christian Science Practitioner whose card appears in the then-current edition of *The Christian Science Journal* (“Journal-Listed Practitioner”). If nursing care is necessary, I prefer to receive it at home from a Christian Science Nurse whose card appears in the then-current edition of *The Christian Science Journal* (“Journal-Listed Christian Science Nurse”). If a *Journal-Listed* Christian Science Nurse is not reasonably available, my Agent may arrange for nursing care to be provided by a Christian Scientist who provides nursing care exclusively in accordance with the tenets and practices of Christian Science. Should I require nursing or convalescent care outside the home, I prefer my Agent to arrange for such care at a Christian Science nursing facility which subscribes exclusively to the tenets and practices of Christian Science and requires its patients to be under the care of a *Journal-Listed* Practitioner. However, I do not wish to be hospitalized or placed in any convalescent or other facility which does not subscribe exclusively to the tenets and practices of Christian Science, except in the extreme circumstance where home care cannot be arranged or is not practical and there is no Christian Science nursing facility available. However, any such facility must agree, if at all possible, to provide nursing care only without medical treatment.

_____ (initials)

- c. The foregoing to the contrary notwithstanding, my Agent may, if my Agent determines it appropriate, arrange for me to receive assistance from a medical doctor, optometrist or 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 or dislocated bone (except by surgical means), the taking of stitches, or the provision of eyeglasses. I consider such assistance to be consistent with the tenets and practices of Christian Science.

_____ (initials)

- d. Other than as stated above, I do not wish to receive medical life-prolonging care, surgery, medication, diagnostic testing, shock treatment, or drugs of any kind.

_____ (initials)

e. 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 receive medical treatment or 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.

_____ (initials)

f. If I have elected or obtained health insurance which covers medical treatment, or have in the past sought medical treatment for any condition, this shall not be evidence of any intent on my part to voluntarily seek medical treatment under any other circumstance.

_____ (initials)

I understand the purpose and effect of this document and sign my name to this Addendum to my Health Care Power of Attorney on _____, 20____, at _____, Ohio.

Principal Signature

Witnesses or Notary Acknowledgment

[The following persons cannot serve as a witness to this document: the agent; any successor agent; your spouse or child; anyone else related to you by blood, marriage or adoption; your attending physician; or, if you are in a nursing home, the administrator of the nursing home.]

Witnesses. I attest that the Principal signed or acknowledged this Addendum in my presence, that the Principal appears to be of sound mind and not under or subject to duress, fraud or undue influence. I further attest that I am not an agent designated in this document, I am not the attending physician of the Principal, I am not the administrator of a nursing home in which the Principal is receiving care, and I am an adult not related to the Principal by blood, marriage or adoption.

Signature of Witness/Date

Printed Name of Witness

Signature of Witness/Date

Printed Name of Witness

OR

Notary Acknowledgment.

State of Ohio

County of _____ss.

On _____, 20____, before me, the undersigned Notary Public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the above Addendum to their Health Care Power of Attorney as the Principal, and who has acknowledged that (s)he executed the same for the purposes expressed therein. I attest that the Principal appears to be of sound mind and not under or subject to duress, fraud or undue influence.

Notary Public

My Commission Expires: _____