Information About Your Health Care

A Guide to Advance Directives, Other Health-Care Choices, and the Rights and Responsibilities for Patients, Families, and Close Companions
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Health-Care Directive *(pull-out form)*

Durable Power of Attorney for Health Care *(pull-out form)*
Hospital care is complex and requires many choices and decisions. This complexity can be confusing and even frightening for patients at a time when they need to make important decisions and focus on coping with their illness.

It is our responsibility to help ensure that patients and their families are aware of their rights and responsibilities, and have the information that will allow them to protect their dignity and independence.

This booklet is designed to help you learn more about your rights as a patient. It describes how to use advance directives to make sure your wishes about medical care are followed in the event you become unable to speak for yourself. It also covers treatment concerns such as pain management; use of restraints; ethics consultations; reporting concerns and complaints; organ donation; and permission to autopsy. At the end of the booklet there are two pull-out forms: a Health-Care Directive and a Durable Power of Attorney for Health Care.

Please feel free to talk about the issues covered in this booklet at any time with your doctor, nurse, or other appropriate member of your health-care team.
As a patient at UW Medical Center, you have the following rights:

• Patients have the right to personal dignity.

• Patients have the right to reasonable access to care and treatment and/or accommodations that are available or medically advisable regardless of one’s race, color, creed, religion, sex, sexual orientation, national origin, disability, age, status as a disabled veteran, having an advance directive, or ability to pay for care.

• Patients have the right to care that is considerate and respectful of their cultural and personal values and beliefs, as well as their psychosocial values and preferences.

• Patients have the right to express their values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with the delivery of patient care and the well-being of others.

• Patients have the right to have reasonable access to an interpreter when they do not speak or understand the English language.

• Patients have the right to a reasonably safe and secure environment.

• Patients have the right to be free from all forms of abuse, exploitation, or harassment.

• Patients, the family, and/or their legally authorized surrogate decision-maker(s) have the right, in collaboration with their doctor, to be informed and make decisions involving their health care, including the right to accept medical care or to refuse treatment to the extent of the law and to be informed of the medical consequences of such refusal.

• Patients have the right to access their own health information, request amendment to it, and receive an accounting of disclosures about it, as permitted under applicable law.

• Patients have the right to have a family member or representative of their choice and their own doctor (if requested) notified promptly of their admission to the hospital.

• Patients have the right to formulate advance directives about end-of-life decisions and to appoint a surrogate to make health-care decisions on their behalf to the extent of the law.

• Patients have the right to be fully informed of their health-care needs and the alternatives for care when a hospital cannot provide the care a patient requests. If it is necessary and medically advisable, the patient will be transferred to an appropriate and acceptable facility.
• Patients have the right to effective pain management. Pain will be assessed and managed as deemed medically appropriate.

• Patients have the right to consideration for their personal privacy and confidentiality of information.

• Patients have the right to know the name of the doctor and other practitioners who have primary responsibility for their care, and to know the identity and professional status of individuals responsible for authorizing and performing procedures and care.

• Patients have the right to have reasonable access to people outside UW Medical Center by means of visitors, and by verbal and written communication. Such access is permitted so long as it does not interfere with the provision of patient care services and a reasonably safe and secure environment. Any restrictions on communication are fully explained to the patient and/or family.

• Patients have the right not to participate in investigative studies and they will be informed of alternative care options.

• Patients have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment, and participating in investigational studies or clinical trials.

• Patients have the right to have access to spiritual care.

• Patients have the right to have access to a written statement that articulates the rights and responsibilities of patients. The statement is available in several languages specific to the populations served. If the patient cannot read, has special communication needs, or if the statement is not available in their language, an interpreter will be available.

• Patients have the right to access protective services. Children or vulnerable adults who are unable to care for themselves have the right to protective intervention by the appropriate agencies to correct hazardous living conditions, abuse, neglect, or exploitation.

• Patients have the right to make complaints about their care according to the established policy and guidelines available in all patient care areas. Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

• Patients have the right to request and receive an itemized detailed explanation of their bill for services rendered.
As a patient at UW Medical Center, you have the following responsibilities:

- Patients have the responsibility to provide, to the best of their knowledge, accurate and complete information, and to report any changes in their condition to their practitioner.
- Patients have the responsibility to participate in discussion about, and to ask questions about, their plan of care.
- Patients have the responsibility to inform the care team if they do not clearly understand a contemplated course of action and what is expected of them.
- Patients have the responsibility of notifying their health-care providers when a cultural situation exists concerning the health-care process.
- Patients are responsible for following the treatment plan to which they agreed. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
- Patients are responsible for the following UW Medical Center rules and regulations affecting patient care and conduct:
  - Patients may not disturb other patients.
  - Patients may not disrupt or interfere with care provided to other patients and the operations of the medical center.
  - Patients may not conduct any illegal activities on the premises of the medical center.
- Patients are responsible for being considerate of the rights of other patients and medical center personnel.
- Patients are responsible for informing the caregivers if they have special needs.
- Patients are responsible for being respectful of the property of other persons and the medical center.
- Patients are responsible for meeting any financial obligation agreed to with the hospital.
- Patients are responsible for reporting any complaints or concerns to a member of their health-care team, who will then contact appropriate staff.
The patient’s role in the health-care team

You and your family can partner with the health-care team to ensure a safe and positive care experience by being involved and informed about your treatment. Research shows that patients who take part in decisions about their health care are more likely to have better outcomes. Some things you can do include:

1. Prepare a written list of your main concerns or questions before your health-care visit. Ask these questions at the beginning of the visit.
2. Ask questions about your diagnosis, tests, treatments, and follow-up.
3. Repeat back to your health-care provider key points discussed during the visit.
4. If you think you will have problems with being able to follow through with what your provider recommends, let him or her know.

ADVANCE DIRECTIVES

Quality of life

Some medical conditions permit the extension of life for many years through artificial means. But many patients and their families question the value of doing so where there is little hope of recovery.

The quality of life during and after recovery from an illness is often an important issue. Consider quality-of-life issues in making decisions about accepting, rejecting, or stopping medical treatment.

For instance, ask yourself the following questions:

1. If terminally ill or permanently unconscious, would you wish to have your heart restarted if it stops?
2. How much medical treatment do you wish to have if you develop a terminal condition or are permanently unconscious?
3. Who should make medical decisions for you if you are not able to express your wishes?
Making your choices known

We want to respect your wishes. But first we need to know what your wishes are. Advance directives are written, legally-recognized documents that state your choices about health-care treatment or name someone to make such choices for you if you are not able to do so. We will help you with advance directives upon request.

- The existence or lack of an advance directive does not determine your access to care, treatment, or services.
- As a patient, you have the option to review and revise your advance directives, as needed.

Four of the most common forms of advance directives are:

1. Health-Care Directive (also known as a Living Will).
3. Physician Order for Life-Sustaining Treatment (POLST).

1. Health-Care Directive (Living Will) is a legal document that allows a person to state whether he or she wants his or her life artificially prolonged under certain conditions. The Health-Care Directive would only be followed if the patient is diagnosed in writing by the attending doctor to be in a terminal condition or in a permanent unconscious condition by two doctors, and where the application of the life-sustaining treatment would serve only to artificially prolong the process of dying. The Health-Care Directive must be signed by the patient and witnessed by two persons. The witnesses cannot be related to the patient or expect to inherit anything from the patient and they cannot be UW Medical Center employees, staff, medical center volunteers, attending doctors, or employees of the attending doctor.

2. Mental Health Advance Directive is a written document in which a patient makes a declaration of instructions or preferences, or appoints an agent to make decisions on behalf of the patient about the patient’s mental health treatment, or both, and that is consistent with the provisions of Washington State’s Mental Health Advance Directive Statute.

3. Physician Orders for Life Sustaining Treatment (POLST) is a form intended for any adult with serious health conditions or who may expect to receive health care. The POLST form summarizes any advance directive, and serves as physician’s orders on end-of-life care as patients move through the various health-care settings. The original must accompany the patient. When a patient
is admitted, a UW Medical Center doctor must initiate the Do Not Attempt Resuscitation (DNAR) process. UW Medical Center will honor the POLST form while awaiting orders.

4. **Durable Power of Attorney for Health Care** is a written document in which a patient selects an individual to make health-care treatment decisions in the event that the patient becomes unable to speak for him or herself. A person who is designated to make such decisions may be called an “agent” or “attorney in fact.” It is a signed and dated document (witnessing and notarization are not required in the State of Washington) in which a patient names another person to make health-care treatment decisions if the patient becomes unable to make them. UW Medical Center employees, staff, medical center volunteers, attending doctors, or employees of the attending doctor are prohibited by law from serving as “agents” unless that person is the spouse, state-registered domestic partner, adult child, brother, or sister of the designating individual. There are Durable Powers of Attorney for financial decisions, but these do not qualify as health-care directives.

UW Medical Center clinics and outpatient areas will initiate life-support measures in an emergency situation, unless the patient or his or her caregiver has a “NO CPR” identification bracelet, or a Physician Order for Life-Sustaining Treatment (POLST) form visible to providers at the time of the event. Be sure to talk with your provider if you have an advance directive, wish to have one included in your medical chart, or are interested in creating one. Advance directive information and forms are available upon request. If you have questions about advance directives that this booklet does not answer, ask your provider for a referral to Social Work and Care Coordination.

If you are an inpatient at UW Medical Center, you will be asked if you have an advance directive. If you do have one, please tell your doctor or nurse, and a copy will be placed in your medical chart. If you do not have one, there are advance directive forms in this booklet that can be pulled out of the booklet. If help is needed, a referral can be made to Social Work and Care Coordination.
Who can make decisions for me?

If you are not able to talk or somehow let us know what you want, Washington State law allows the following people, in order of priority, to make health-care decisions for you as an adult patient, including stopping or withholding care:

1. A legal guardian with health-care decision making authority, if one has been appointed.
2. The person named in the Durable Power of Attorney for Health Care.
3. Your spouse, or state-registered domestic partner.
4. Your children who are 18 years or older.
5. Your parents.
6. Your adult brothers and sisters.

In categories where there is more than one person, such as three adult children, all must agree on the health-care decision. If there is no consensus, appropriate life-sustaining care will be given.

When you must decide for another

When a patient is unable to talk or let us know what he or she wants, another person must be prepared to make decisions about medical care.

If you are given this responsibility through kinship or legal relationship, please tell the patient’s doctor or nurse right away. Before using your authority to provide informed consent for a patient, you must first agree (if possible) that the patient, if he or she were able, would have agreed to the treatment plan. Otherwise, the decision may be made after determining that the proposed care is in the patient’s best interest.

If the patient has indicated his or her preferences verbally to you, those wishes should be followed. The caregivers at UW Medical Center will provide the medical information you need to make treatment decisions.
OTHER TREATMENT CONCERNS

Cardiopulmonary Resuscitation (CPR) and Do Not Attempt Resuscitation (DNAR) are two terms that are very important to understand.

A sudden stopping of the heart can cause unexpected death. But it can also be the natural end and painless release from a chronic, painful illness. CPR is the series of measures performed to prevent death when a sudden collapse occurs because the heart stops.

CPR has the greatest chance of being completely successful when the heart stops suddenly in an otherwise healthy person. When CPR is attempted on elderly patients, or those who have many medical problems, it is less likely to be effective. CPR success rates are different depending on your medical condition and should be discussed with your doctor. In general, success rates are much lower for people who are sick enough to be in the hospital. *It is the policy of UW Medical Center to perform CPR on all patients whose hearts stop suddenly unless a doctor writes an order not to attempt resuscitation (DNAR order), or a physician order for life-sustaining treatment (a POLST).*

We encourage you and your family to talk with your doctor about your wishes about performing CPR. It is very important to know your wishes when you are admitted. You may request to have a DNAR or POLST order or your doctor may write an order when, in his or her medical judgment, initiating CPR would clearly be futile. If your doctor writes a DNAR order because he or she believes CPR would not be beneficial (futile) or in your best interest, then he or she will inform you and/or your surrogate.

Pain management

Pain is a personal experience. Only you can describe how much and the type of pain you have. As a person with pain, you have the right to:

- Report your pain.
- Have your health-care team respond promptly and with respect to your report of pain.
- Take part in choices on how to manage your pain.
- Receive information about pain treatment options.
- Be referred to a pain specialist if your pain persists.

We ask that you (or your family or care provider):

- Tell your doctor or nurse that you are in pain as soon as the pain begins.
• Answer our questions about your pain so that we can better help you.
• Ask about ways you can help us better manage your pain.
• Tell us if your pain relief goals are not being met.
• Tell us if you have questions about your pain or how your pain will be managed.

Restraints

- Patients have the right to be free of any mechanical or chemical restraint not needed to improve their well-being, support healing, and assure safety of others.
- The decision to use a restraint is made after an assessment concludes that there is no other way to accomplish the above.
- Restraints will not be used for coercion, discipline, convenience, retaliation, or as a means to control behavior without clinical justification.

Ethics consultation

Ethics consultations are available for patients and family members who are faced with an ethical dilemma about patient care. An ethics consultation can help to address issues such as disagreements about goals of treatment or decision-making authority. To request an ethics consultation, ask a member of your health-care team or nurse manager for help.

Patient relations

Patient Relations staff serve as resources for patients and family and can assist in answering questions and addressing concerns. Any concerns, complaints, or compliments about the services you received can be directed to Patient Relations at 206-598-8382.

Talk to your doctor or other care provider about concerns related to the safety or quality of care provided at UW Medical Center. It is our goal to resolve all patient safety and care issues.

You may also report unresolved concerns about the safety or quality of care provided at the medical center to:

- Washington State Department of Health – 800-633-6828 (toll-free)
- The Joint Commission – 800-994-6610 (toll-free)

Additional contact information for the Washington State Department of Health and The Joint Commission can be found on the UW Medical Center Web site: www.uwmedicine.org.
Organ donation

Donating organs, skin, and other tissues helps sick people who need them. If you want to be an organ donor, please tell your doctor or family. During organ donation, the body is treated with respect and dignity, and funerals need not be delayed. All costs related to organ or tissue donation are covered by the agency in charge of obtaining them. The family does not have to pay for this cost.

If you choose to be an organ donor, staff can answer your questions and provide you with the proper forms. The hospital document honors patients’ wishes about organ donation within the limit of the law and the hospital’s capacity.

Permission to autopsy

Permission to autopsy may be requested by your health-care providers. Autopsies allow a more definitive determination of the cause of death and may provide additional information, such as answers about the nature of illness and its response to treatment, to help doctors manage similar patients in the future. During an autopsy, the body is treated with respect and dignity, and funerals need not be delayed. All costs related to the autopsy are covered by the medical center or agency in charge of conducting the autopsy. The family does not have to pay for this cost. An autopsy can only be performed at the medical center if permission is given by the person authorized to do so under Washington law.
UNDERSTANDING YOUR MEDICAL RECORD/INFORMATION

Each time you visit a hospital, doctor, or other health-care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

• Basis for planning your care and treatment.
• Means of communication among the many health professionals who contribute to your care.
• Legal document describing the care you received.
• Means by which you or a third-party payer can verify that services billed were actually provided.
• Tool to educate health professionals.
• Source of data for medical research.
• Source of information for public health officials charged with improving the health of the nation.
• Source of data for facility planning and marketing.
• Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

• Ensure its accuracy.
• Better understand who, what, when, where, and why others may access your health information.
• Make more informed decisions when authorizing disclosure to others.

Patient billing

As a patient receiving services at UW Medical Center or one of our provider-based clinics, you should expect to receive separate bills: one from the medical center for the facility fees and one from UW Physicians for the professional fees. For more detailed information about our billing practices, visit our Web site at www.uwmedicine.org. Patient Financial Services can be reached at 206-598-1950, or toll-free at 877-780-1121, between the hours of 8 a.m. and 5 p.m., Monday through Friday.
ADVANCE DIRECTIVE FORMS

The following forms include a Health-Care Directive and a Durable Power of Attorney. These are considered advance directives and are explained more fully on pages 5 to 8 in this booklet. It is helpful to talk with those you are close to when making decisions about advance directives. It may also be helpful to seek advice from an attorney. Please take some time to review the information in this booklet about these forms and consider whether or not you want to complete either or both of the forms.

If you do complete the form, it is important to talk to your health-care provider and ensure that a copy is provided for your medical chart. If you wish to have a copy included in your UW Medical Center chart, bring the form in to your provider at your next clinic appointment, or mail the form to:

UW Medical Center
Patient Data Services
Box 356148
1959 N.E. Pacific St.
Seattle, WA 98195-6125
As a regional and national health-care leader, UW Medicine’s system of care includes:
Harborview Medical Center; UW Medical Center;
UW Medicine Neighborhood Clinics,
UW Physicians, and the UW School of Medicine.

Access
The University of Washington is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation, contact the Disability Services Office at least ten days in advance at:
Voice:  206.543.6450
TTY:  206.543.6452
Fax:  206.685.4264
e-mail: dso@u.washington.edu
HEALTH-CARE DIRECTIVE

Directive made this ________ day of __________________, ________ (month, year).

I, ________________________________, (name), having the capacity to make health-care decisions, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare that:

(a) If at any time I should be diagnosed in writing to be in a terminal condition by the attending doctor, or in a permanent unconscious condition by two doctors, and where the application for life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand by using this form that terminal condition means incurable and irreversible condition caused by injury, disease, or illness that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying. I further understand in using this form that a permanent unconscious condition means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or persistent vegetative state.

(b) In the absence of my ability to give directions about the use of a life-sustaining treatment, it is my intention that this directive shall be honored by my family and doctor(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal. If another person is appointed to make these decisions for me, whether through a Durable Power of Attorney for Health Care, or otherwise, I request that the person be guided by this directive and any other clear expressions of my desires.

(c) If I am diagnosed to be in a terminal condition or in a permanent unconscious condition (check one):

☐ I DO want to have artificially provided nutrition and hydration.

☐ I DO NOT want to have artificially provided nutrition and hydration.

(d) If I have been diagnosed as pregnant and that diagnosis is known to my doctor, this directive shall have no force or effect during the course of my pregnancy.

(e) I understand the full import of this directive and I am emotionally and mentally capable to make the health-care decisions contained in this directive.

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(f) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add or delete from this directive at any time and that changes shall be consistent with Washington State law or federal constitutional law to be legally valid.

(g) It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid, it is my wish that the remainder of my directive be implemented.

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The declarer has been personally known to me and I believe him or her to be capable of making health-care decisions.

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[NOTE: Washington State law specifically prohibits an attending doctor, his or her employees, or employees of a health-care facility in which the declarer is a patient or any person who has a claim against any portion of the estate of the declarer upon declarer's death at the time of the execution of the Directive from witnessing a Health-Care Directive; thus medical center staff, employees, and volunteers shall not witness this document.]
DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, __________________________ (name), designate __________________________ (name) as my attorney in fact, to act for me if I become incapacitated. I hereby revoke any and all health-care powers of attorney previously granted by me.

1. Alternate Attorney in Fact. If for any reason __________________________ (name) fails or ceases to act, I designate __________________________ (name), then __________________________ (name) as alternate attorneys in fact, to serve in the order named. An attorney in fact may resign by delivering written notice to that effect, in recordable form, to an alternate, successor, or co-attorney in fact. In this Durable Power of Attorney for Health Care, the “attorney in fact” means the acting attorney in fact.

2. Power to Make Health-Care Decisions. My attorney in fact shall have the right to make decisions, and to give informed consent on my behalf, as to my health care, to the extent permitted by law. This shall include, but not be limited to, the right to consent to the withholding or withdrawal of life-sustaining procedures that would only prolong artificially the moment of my death and prevent me from dying naturally, in those circumstances in which a doctor(s) has determined (a) that I am in a permanent unconscious condition, meaning an incurable or irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state, or (b) that I have a terminal condition, meaning an incurable and irreversible condition caused by injury, disease, or illness that would within reasonable medical judgment cause death within a reasonable period of time in accordance with medical standards. I also authorize my attorney in fact to make decisions about the artificial administration of food and fluids, consistent with any Health-Care Directive (living will) I have executed.

3. Effectiveness. This Durable Power of Attorney for Health Care becomes effective upon my incapacity. Incapacity shall include the inability to make health-care decisions effectively for reasons such as mental illness, mental deficiency, incompetency, physical illness or disability, advanced age, chronic use of drugs, or chronic intoxication. Incapacity may be determined (i) by court order or (ii) by a qualified attending doctor.

4. Duration. The Durable Power of Attorney for Health Care becomes effective as provided in Section 3 and shall remain in effect to the fullest extent permitted by Chapter 11.94 of the Revised Code of Washington, or until revoked or terminated as provided in Section 5 or 6.

5. Revocation. This Durable Power of Attorney for Health Care may be revoked, suspended, or terminated by written notice from me to the designated attorney in fact and, if this document has been recorded, by recording notice of termination in the office where deeds are recorded for real estate located in the county of filing, that being __________________________ County, Washington.

6. Termination. If appointed, a guardian of my person may, with court approval, revoke, suspend, or terminate the Durable Power of Attorney for Health Care.
7. Reliance. Any person dealing with the attorney in fact shall be entitled to rely upon the Durable Power of Attorney for Health Care so long as the person with whom the attorney in fact was dealing, at the time of any act taken pursuant to this Durable Power of Attorney for Health Care, had neither actual knowledge nor written notice of revocation, suspension, or termination of this Durable Power of Attorney for Health Care. Any action so taken, unless otherwise invalid or unenforceable shall be binding on my heirs, devisees, legatees, or personal representatives.

8. Indemnity. My estate shall hold harmless the attorney in fact from all liability for acts or omissions done in good faith.


10. Execution. This Durable Power of Attorney for Health Care is signed on the _______ day of __________________, _______ (month, year), to be effective as provided in Section 3.

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I certify that I know or have satisfactory evidence that __________________________ signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in this instrument.

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Residence

[NOTE: Washington State law does not require a Durable Power of Attorney for Health Care be witnessed and notarized; however, other states do require witnessing and notarizing, so the declarer may wish to do so if they travel out of state. Although Washington State law does not explicitly prohibit medical center staff and employees from witnessing a Durable Power of Attorney for Health Care document, due to the potential for conflicts of interest, medical center policy does not allow medical center staff, employees, and volunteers to witness this document. Medical center doctors and employees are prohibited by Washington State law from serving as an “agent” or “attorney in fact” for a patient unless he or she is the spouse, state-registered domestic partner, or adult child, or brother or sister of the designating individual.]