

REVOCAION OF HEALTH CARE DIRECTIVE

(RCW 70.122.040)

I, _____, Declarant,
executed an Health Care Directive on the _____ day of _____,
20____, regarding my decisions and choices that my life not be prolonged under certain
circumstances.

RCW 70.122.040 provides that a directive may be revoked by me at any by any of the following
methods:

(a) By being canceled, defaced, obliterated, burned, torn, or otherwise destroyed by the
declarer or by some person in declarer's presence and by declarer's direction.

(b) By a written revocation of the declarer expressing declarer's intent to revoke, signed,
and dated by the declarer. Such revocation shall become effective only upon
communication to the attending physician by the declarer or by a person acting on behalf
of the declarer. The attending physician shall record in the patient's medical record the
time and date when said physician received notification of the written revocation.

(c) By a verbal expression by the declarer of declarer's intent to revoke the directive.
Such revocation shall become effective only upon communication to the attending
physician by the declarer or by a person acting on behalf of the declarer. The attending
physician shall record in the patient's medical record the time, date, and place of the
revocation and the time, date,
and place, if different, of when said physician received notification of the revocation.

This is my written revocation of my Health Care Directive and is provided to all persons to
whom I have provided a copy of my Directive.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____

