

ADVANCE DIRECTIVE

In the event you become unable to tell your physician and family how you want to be treated, federal and state laws provide ways for you to make your wishes known, the federal Patient Self Determination Act states that each competent adult patient has the right to prepare a written "advanced directive" regarding healthcare decisions. The advance directive is typically expressed in one or more of three basic types or forms; a Living Will declaration, a Durable Power of Attorney for healthcare, or a Designation of Healthcare Surrogate, or representative to make healthcare decisions for you, the patient, when the patient becomes incapable of making those decisions.

The Living Will enables you to indicate your wishes regarding healthcare treatment and life-prolonging procedures and the circumstances under which you wish these procedures to be withdrawn or withheld, and you may also designate a surrogate to carry out your wishes.

Through a Durable Power of Attorney you can name a person to communicate your wishes regarding medical, legal and financial matter should you become incapacitated. This may include authorizing medical treatment and administration of drugs.

Designation of a Healthcare Surrogate allows you to name a person who will make healthcare treatment decisions on your behalf should you become incapacitated. Healthcare surrogate must be named by you before you become incapacitated but surrogates do not assume responsibility until after you become incapacitated to make decisions regarding medical treatment.

Advance directives can help protect your right to make medical choices that can affect your life. The stress on your family during a difficult time can be considerably reduced because your family will be relieved of the responsibility of trying to decide what your wishes would be. Your family and physician will have clear guidelines concerning your wishes for your care.

I, _____, understand the above and do hereby affirm that:

At this time, I have not prepared a

- Living Will.
- Durable Power of Attorney for Healthcare.
- Designation of a Healthcare Surrogate.

I have prepared a

- Living Will.
- Durable Power of Attorney for Healthcare,
- Designation of a Healthcare Surrogate,

and have provided a copy to _____, I understand the information I have provided may be modified or changed at any time and I must provide another copy after any changes in the future.

I have prepared a

- Living Will,
- Durable Power of Attorney for Healthcare,
- Designation of a Healthcare Surrogate,

but have not provided a copy to my physician at this time. I understand it is my responsibility to provide my physician a copy of my advance directive.

Patient's Name (Print Please)

Witness

Patient's Signature / Date