

ADVANCE DIRECTIVE ACKNOWLEDGMENT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

POLICY STATEMENTS REGARDING ADVANCE DIRECTIVES

1. THE LIVING WILL

Any adult person may, at any time, make a written declaration directing the withholding or withdrawal of life-sustaining procedures in the event such person should have a terminal and irreversible condition or is in a continual, profound comatose state with no reasonable chance of recovery.

2. DURABLE POWER OF ATTORNEY

Any adult person may, at any time, through execution of a Durable Power of Attorney, designate another person to make treatment decisions for him/her in the event such person is unable to participate actively on his/her own behalf.

3. PSYCHIATRIC ADVANCE DIRECTIVE

Any adult person may have a written declaration directing choices for mental health care. For more information, see Patient Rights and Responsibilities Brochure.

PLEASE READ THE FOLLOWING FOUR STATEMENTS:

- 1. I have been given written materials about my right to accept or refuse medical treatments.
2. I have been informed of my rights to formulate Advance Directives.
3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility.
4. I understand that the terms of any Advance Directive that have been executed will be followed by the health care facility and my caregivers to the extent allowed by law.

PLEASE CHECK OFF ONE APPROPRIATE SELECTION AND THEN SIGN BELOW:

- I HAVE executed an Advance Directive. Type: Living Will, Durable Power of Attorney, Psychiatric Advance Directive. It is located:
I HAVE NOT executed an Advance Directive.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments/Notes: \_\_\_\_\_
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