



NAME: _____

ADVANCE DIRECTIVE ACKNOWLEDGMENT

DOB: _____

As a competent adult, you have the right to refuse any medical or surgical treatment for yourself for any reason. The best way for you to be in control of your medical treatment is to record your preferences in advance. You can make legally valid decisions about future medical treatments through what is commonly known as an Advance Directive. Listed below are examples of Advance Directives.

1. Living Will: A written document executed by the patient directing that should the patient have a terminal condition, life-sustaining procedures would be withheld or withdrawn.
2. Durable Power of Attorney for Health Care (DPAHC): An Advance Directive in which an individual name some else (the agent or "proxy") to make healthcare decisions in the event the individual becomes unable to make those decisions for him/herself. The DPAHC can also include instructions about specific choices to be made.
3. Directive for Final Health Care: A combination of the Living Will and the Durable Power of Attorney for Health Care.

Please check one of the following statements:

I have provided the office with a copy of my Advance Directive.

I have executed an Advance Directive and will provide a copy to the office.

I have executed an Advance Directive and will not provide a copy to the office.

I have not executed an Advance Directive but would like to obtain additional information about Advance Directives.

I have not executed an Advance Directive and do not wish to discuss Advance Directives at this time.

SIGNED: _____
Patient/Patient's Representative **Date**