

PATIENT SELF-DETERMINATION ACT

In order to comply with Federal Law, we need to provide you with information on the Patient Self-Determination Act and notify you of your rights.

- You have a right to Accept or Refuse treatment.
- You have the right to prepare Advance Directives to communicate your medical wishes.

Please answer the following questions:

1. Have you completed a Living Will?

(written instructions explaining your medical wishes in case you cannot communicate).

Yes Do you have a copy with you today? Yes No

No Would you like to take some information today? Yes No

2. Have you appointed a Durable Power of Attorney for health care?

(written documentation on the person who can make medical decisions on your behalf).

Yes Do you have a copy with you today? Yes No

No Would you like to take some information today? Yes No

3. Do you have an Out-of-Hospital DNR?

(written instructions to Not to perform CPR or related procedures).

Yes Do you have a copy with you today? Yes No

No Would you like to take some information today? Yes No

If you have any questions about these documents, please talk to your doctor or nurse.

If you answered **Yes** to any of these questions and you did not bring a copy of the document today, please bring it to your next appointment; Or, if you prefer mailing or faxing it to us, please obtain the information you need during your visit to the clinic.

Name: _____

Signature: _____

Date: _____