

NOTICE REGARDING ADVANCE DIRECTIVES

Herndon Surgery Center, Inc requires the following notice be signed by each patient prior to the scheduled procedure in order to be in with the Self-Determination Act (PSDA) and State Law. An Advance Directive is a statement by an individual that 1) indicates the type of medical treatment wanted or not wanted; and/or 2) designates an agent to make health care decisions for the individual in the event that the individual is unable to make these decisions. Advance Directives are typically made and witnessed prior to serious illness and injury.

There are many types of Advance Directives but the two most common forms are:

Individual Health Care Instructions

These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her decisions.

Durable Power of Attorney for Health Care

This is a signed, dated and witnessed paper naming another person as an individual's agent or proxy to make medical decisions for that individual if he/she should become unable to make his/her own decisions.

Because of the nature of the services provided at Herndon Surgery Center, Inc the only types of Advance Directives that may apply are 'requests to forego resuscitative measures' (collectively referred to as a 'DNR'). A DNR is typically used by terminally-ill patients who do not want to be resuscitated should they suffer a cardiac or respiratory arrest or other life-threatening situation. If you have executed a DNR, please address this issue with your physician prior to signing this form. By intialing and signing below you acknowledge that you have not executed a DNR and you consent to resuscitation and transfer to a higher level of care.

_____ I understand that I am not required to have an Advance Directive in order to receive medical treatment in this health care facility.

_____ I understand that I am not required to revoke an Advance Directive in order to receive medical treatment in this health care facility.

_____ I **have not** executed an Advance Directive; or

_____ I **have** executed an Advance Directive but it does not contain a DNR order.

I have read and fully understand the information presented in this release form.

Patient's Signature

Witness to Patient's Signature

Date: _____

Date: _____

If patient is unable to sign or is a minor, please sign below:

Closest Relative or Legal Guardian's Signature

Witness to Relative Sig/Guardian's Signature

Date: _____

Date: _____

ADVANCE DIRECTIVES
