

## Parkridge Medical Group

### INFORMATION REGARDING ADVANCE DIRECTIVES

Federal law requires that we give you information about your right to make advance health care decisions. Right now, you may be able to make your own health care decisions. However, you may not always be able to make such decisions. By giving advance directions, you can tell your health care provider and family about the medical care you would like to receive and whether you want another person to be able to accept or refuse treatment for you.

You can name a person to make medical treatment decisions for you by appointing someone to have a "Durable Power of Attorney for Health Care". This person is allowed to make health care decisions, including life support decisions, but only after your health care provider certifies that you are no longer able to make your own health care decisions.

You can also leave advance directions about life support by executing a "Living Will". A Living Will tells your health care provider and family about the types of life support that you want to be provided or withheld in case you are ever kept alive by artificial means and no longer able to make decisions for yourself.

If you already have a Living Will or Durable Power of Attorney for Health Care, please tell your health care provider. We need to put a copy of the document in your medical chart in order to be sure that your wishes are honored. If you want more information on how to name a Durable Power of Attorney for Health Care or how to make a Living Will, please feel free to ask your health provider, hospital, social worker or your attorney.

It is our policy to honor our patients' health care decisions to the full extent required or allowed by law. You are NOT required to give advance health care decisions in order to receive care at this facility.

Please answer the following questions:

<b>DO YOU HAVE A LIVING WILL?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>IF "YES," HAVE YOU GIVEN US A COPY?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>IF "NO," WILL YOU BRING US A COPY?</b>	<b>YES</b> _____	<b>NO</b> _____

<b>DO YOU HAVE A DURABLE POWER OF ATTORNEY?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>IF "YES," HAVE YOU GIVEN US A COPY?</b>	<b>YES</b> _____	<b>NO</b> _____
<b>IF "NO," WILL YOU BRING US A COPY?</b>	<b>YES</b> _____	<b>NO</b> _____

X \_\_\_\_\_  
Patient Signature

X \_\_\_\_\_  
Date