## **Notice of Policy Regarding Advance Directives**



Washington Institute Orthopedic Center requires the following notice to be signed by each patient prior to the scheduled procedure in order to be in compliance with the **Patient Self-Determination Act** (PSDA) and laws and rules regarding Advance Directives. Advance Directive are statements that indicate the type of medical treatment wanted or not wanted in the event that an individual is unable to make those determinations and who is authorized to make those decisions. The Advance Directives are made and witnessed prior to serious illness and injury.

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

## Living Wills

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

## Durable Power of Attorney for Health Care

This is a signed, dated and witnessed document 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.

As an Ambulatory Surgery Center, we do not honor Advance Directives. Therefore, in accordance with the Federal and State Law, the facility is notifying you that it will not honor previously signed Advance Directives for any patient. If you disagree, you must address this issue with your physician prior to signing this form. By signing this form, you acknowledge that you understand that you are not required to have an Advance Directive in order to receive medical treatment at this healthcare facility.

I have executed an Advance Directive.

I have not executed an Advance Directive.

I have read and fully understand the information presented in this notice.			
Patient Signature:		Date:	
Patient's Legal Guardian:		Date:	
Witness to Patient/ Legal Guardian Signature:			
		Date:	