

## **ADVANCE DIRECTIVES**

### **Advance directives:**

It is a general term that refers to your local oral or written instructions about your future medical care if you become too ill or unconscious and cannot speak yourself. If you can express your own decisions, your advance directives will not be used, and you can accept or refuse any medical treatment. Your advance directive can be cancelled or revoked by you at any time.

### **A living will:**

It is a type of advance directive in which you put into writing your wishes about medical treatment should you be unable to communicate your wishes.

### **Medical Power of Attorney:**

It is a document that lets you appoint someone you trust to make medical decisions about your medical care if you cannot make those decisions yourself.

**You can always ask your primary care physician for any questions you might have; your doctor has the knowledge and cares about you to put your concerns at ease.**

**To comply with the Omnibus Budget Reconciliation Act (OBRA) of 1990 and Chapter 765 of the Florida Statutes, please answer the following questions:**

### **Declaration to Decline Life-Prolonging Procedure (Living Will)**

I have made such a declaration.

I have NOT made such a declaration.

### **Health Care Surrogate**

I have designated a Health Care Surrogate

I have NOT designated a Health Care Surrogate

### **Durable Power of Attorney**

I have appointed a Durable Power of Attorney for Health Care decisions.

I have NOT appointed a Durable Power of Attorney for Health Care decisions.

**I have been provided information regarding the PATIENT SELF DETERMINATION ACT**

\_\_\_\_\_

**Patient printed name**

\_\_\_\_\_

**Patient or representative signature**

\_\_\_\_\_

**Date**

**Relationship of patient representative (if applicable):** \_\_\_\_\_