

Surgery Center of Weston

Notice of Policy Regarding Advance Directives

This facility requires the following notice be signed by each patient (parent if patient is a minor) prior to scheduled procedures in order to be in compliance with the law and rules regarding advance directives and to make you aware of your rights to make informed decisions regarding your care and the right to make Advance Directives. Advance Directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions.

There are many types of advance directives, but the two most common are:

Healthcare Surrogate

This form allows the individual (18 and older) to designate a person of their choosing to make medical decisions if the individual is unable to make the decisions themselves.

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 own decisions.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, this signed form implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor a signed Do Not Resuscitate Order (DNRO), but will communicate all Advance Directives to the medical facility providing the higher level of care in the event of a needed transfer.

If you disagree, you must address this issue with your physician or anesthesiologists prior to signing this form.

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

Patient's Signature

Date/Time

Witness to Patient's Signature

Date/Time

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

Closest Relative or Legal Guardian

Date/Time

Witness to Relative/Guardian's Signature

Date/Time