

ADVANCE DIRECTIVE FORM

Part I: Designation of Health Care Surrogate

In the event that it has been determined that I am unable to express my wishes regarding my healthcare, including the withholding, withdrawal or continuation of life-prolonging procedures, I, _____, born ____/____/____, wish to designate as my SURROGATE to carry out the provisions of this declaration:

Name: _____ Relation: _____

Address: _____

Phone: (____) _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my ALTERNATE SURROGATE:

Name: _____ Relation: _____

Address: _____

Phone: (____) _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

When making health care decisions for me, my health care surrogate should think about what action would be consistent with past conversations we have had, my treatment preferences as expressed in Part Two (if I have filled out Part Two), my religious and other beliefs and values, and how I have handled medical and other important issues in the past. If what I would decide is still unclear, then my health care surrogate should make decisions for me that my health care surrogate believes are in my best interest, considering the benefits, burdens, and risks of my current circumstances and treatment options.

Additional instructions: _____

Part II:

Organ Donation (Optional)

I _____, born ____/____/____ hereby make this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

- I have already arranged to donate Any needed organs, tissues, or eyes
- I have already arranged to donate the following organs, tissues, or eyes:

Living will

I, _____ willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below:

It is my wish that my life not be artificially prolonged if I am unable to communicate healthcare decisions and:

- I have a terminal condition; or
- I have an end-stage condition; or
- I am in a persistent vegetative state and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. It is my intention that this declaration be honored by my family and physician as

the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. My failure to designate a health care surrogate in Part One shall not invalidate this declaration.

Part III. Execution

Sign the form. Have two witnesses sign the form. Tell others about your decision and give copies to your doctor and family. Bring the form to the Clinic.

I understand the importance of this declaration, and I am emotionally and mentally competent to make this declaration. These directives express my legal right to preserve my right to privacy and self-determination. Therefore, I expect my family, physician and all those concerned with my care to regard themselves as legally and morally bound to act according to my wishes.

ONLY ONE OF THE WITNESSES MAY BE A SPOUSE OR BLOOD RELATIVE. A SURROGATE CANNOT BE A WITNESS

Patient Signature

Date / /
 mm dd yy

Witness Signature

Date / /
 mm dd yy

Witness Signature

Date / /
 mm dd yy