

LAKE CITY SURGERY CENTER

Notice of Policy Regarding Advance Directives

Lake City Surgery Center requires the following notice to be signed by each patient prior to scheduled procedure in order to be compliant with the Self-Determination Act (PSDA) and State law and rules regarding 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. The advance directives are made and witnessed prior to the serious illness or 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 own decisions.

Durable Power of Attorney For Health Care

This is a signed, dated, and witnessed paper 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.

In the ambulatory care setting, if a patient should suffer a cardiac respiratory arrest or other life-threatening situation, the signed consent 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 in every instance of an emergency or a life-threatening situation, advanced cardiac life support procedures will be instituted and the patient will be transported to a higher level of care.

1. Do you have an Advance Directive? Yes ____ No ____
2. **If yes, please bring it with you to your scheduled procedure so that we may keep a copy of it in your medical record.**
3. If no, would you like a copy of your State advance directive forms? Yes ____ No ____

By signing in the space below as patient/guardian, I acknowledge that I fully understand the information present in this release form. I also acknowledge that I received a copy of the State Advance Directive Form at the time of pre-admission.

Signature of Patient

Date

LCSC Staff Witness

Date

If patient is unable to sign or is a minor, please sign below.

Legal Guardian's Signature

LCSC Staff Witness

Date