



TOWN CENTER

AMBULATORY SURGERY CENTER

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES

There are many types and variations of Advance Directives, but the two most common forms are:

- **Living Wills** – These generally state the type of medical care an individual wants or does not want if he or she becomes unable to make his or his own decisions
- **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 her or she should become unable to make his or her own decisions

In the ambulatory care settings, if a patient should suffer cardiac or 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 guidelines, **Town Center ASC-LLC** is notifying you it will not honor previously signed advance directives for any patient. If you disagree, you must address this with your surgeon prior to signing this form.

Do you have a Durable Power Of Attorney for Healthcare? Yes ___ No ___ Copy Present? Yes ___ No ___

Do you have a living Will? Yes ___ No ___ If so, Where? _____

I have read and fully understand the information presented to me in this release for.

Patient Signature

___/___/___

Date

Witness to Patients Signature

___/___/___

Date