

**ADVANCE DIRECTIVES/PATIENT’S RIGHTS**

**Advance Directive**

Does patient have an advance directive (living will)  YES  NO

If yes.....

Does patient have a copy with him/her?  YES  NO

If yes, was copy placed in record?  YES  NO

If no, does patient wish to delay test(s) until advance directive is available?  YES  NO

If no....

Would patient like to receive a sample copy?  YES  NO

**Patient’s Rights**

Has patient seen and reviewed patient’s rights information sheet?  YES  NO

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The federal Patient Self-Determination Act (PSDA) gives individuals the legal right to make choices about their medical care in advance of incapacitating illness or injury through an advance directive.

Under the federal act, physicians and providers including hospitals, skilled nursing facilities, hospices, home health agencies and others must provide written information to patients on state law about advance treatment directives, and about patients’ right to accept or refuse treatment.

Please read the law requirements on our top shelf if you have any further questions pertaining to advance directives.