



ADVANCED DIRECTIVE ACKNOWLEDGEMENT

I understand that I have the right to make choices regarding life-sustaining treatment (including resuscitative measures). If I desire to exercise this right, I understand that I must inform my physician of my wishes. I understand that if I have a Living Will, Durable Power of Attorney, and/or Advanced Directive, I must inform Munster Specialty Surgery Center. I am aware that in the event of a life-threatening emergency, it is the policy of Munster Specialty Surgery Center to perform any necessary emergency procedures and transfer me to an acute facility/hospital for any additional care needed.

I do not have an advance directive

OR

I have an advanced directive and I have given Munster Specialty Surgery Center a copy of such directive to remain on my medical record if transferred.

I understand that I may revoke this consent at any time by notifying Munster Specialty Surgery Center, in writing, but if I revoke my consent, such revocation will not affect any actions that Munster Specialty Surgery Center took before receiving my revocation.

Signature of patient, patient's representative, or surrogate

Date and time

Printed Name of patient, patient's representative, or surrogate

Signature of witness

Date and time