

Advance Directive

Dear Patient:

HOME PARENTERAL SERVICES (HPS) has the distinct reputation of providing quality services to its patients and respecting the rights of each individual receiving services. As a competent adult, you have the right to direct your health care. Federal and State law affirms this right.

The right to make health care decisions includes the right to refuse medical or surgical treatment and the right to make Advance Directives. When you make an Advance Directive you express health care wishes should you become unable to speak on your own behalf.

You are not required to make a written Advance Directive. Your decision should be personal, based on your own values, beliefs, medical condition and your philosophy of life. Written information regarding Advance Directives will be provided during the admission process.

Please be assured that HOME PARENTERAL SERVICES and its employees will not condition the care you receive based on whether or not you have an Advance Directive.

- ◆ I have: _____ Living Will _____ Durable Power of Attorney _____ None
- ◆ Copy obtained? ____ Yes ____ No If no, where is a copy located? _____

- ◆ If a copy of Advance Directive is not obtained on admission, then obtain the following information, documented in the words of the person answering questions:
That person is: _____ Relationship to patient: _____
- ◆ In the Advance Directive you have completed, has any person been designated to make health care decisions in the event you are unable to do so? ____ Yes ____ No
If yes, name of that person: _____
- ◆ In your words what information does the Advance Directive contain? _____

Patient Name *(please print)*

Patient Signature

RN Signature

Date