



Phone and Fax: (239) 692-9096

Advance Directives

What are advance directives?

“Advance Directives” is a general term that refers to your oral or written instructions about your future medical care in the event you become unable to speak for yourself.

What is a living will?

A living will is a type of advance directive in which you put into writing your wishes about medical treatment should you be unable to communicate your wishes.

Why do I need a medical power of attorney?

A medical power of attorney is a document that lets you appoint someone you trust to make decisions about your medical care if you cannot make those decisions yourself.

Why do I need an advance directive?

Advance directives give you a voice in decisions about your medical care when you are unconscious or too ill to communicate. If you can express your own decisions your advance directives will not be used, and you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment.

What happens if I don't have an advance directive?

If you cannot speak for yourself, health and medical decisions may be made by someone not you're your choosing or by the court.

Once I make an Advance Directive, can I cancel it?

Yes, your advance directive can be cancelled or revoked by you at any time.

Who should I talk to about an advance directive?

Your Primary Care Physician is the best person to answer your questions. Your doctor has the knowledge and cares about you to put your concerns at ease. All the necessary paperwork and information is available at our office. Ask your doctor or see the receptionist.



To comply with the Omnibus Budget Reconciliation Act (OBRA) of 1990 and Chapter 765 of the Florida Statutes, please answer the following questions:

Declaration to Decline Life-Prolonging Procedure (Living Will)

I have made such a declaration

I have Not made such a declaration

Health Care Surrogate

I have designated a Health Care Surrogate

I have NOT designated a Health Care Surrogate

Durable Power of Attorney

I have appointed a Durable Power of Attorney for Health Care decisions.

I have NOT appointed a Durable Power of Attorney for Health Care decisions.

I have been provided information regarding the PATIENT SELF DETERMINATION ACT: _____

Please Print full name

Social Security Number

Signature: _____ **Date:** _____

Patient or Patient Representative

Relationship of Patient Representative (If Applicable): _____



Yearly Reconfirmation

I acknowledge that the above information remains accurate.

Signature of Patient or Patient Rep

Date

I have been provided with information regarding the PATIENT SELF DETERMINATION ACT but decline to answer the above questions.

Signature of Patient or Patient Rep: _____ Date: _____

Relationship of Patient Representative (if applicable): _____