

ESSENTIAL HEALTH ACCESS, P.A.
INFORMATION REGARDING ADVANCE DIRECTIVES

Federal law requires that we furnish information to you regarding your right to make advance health care decisions. Right now, you may be able to make your own health care decisions. However, at some time in the future you may not have the ability to make such decisions. By giving advance directions, you can express your wishes to your family and your healthcare provider about the medical care you would like to receive and whether you want another person to be able to accept or refuse treatment for you.

You can name a person to make medical treatment decisions for you by appointing someone to have “Durable Power Of Attorney For Healthcare” for you. This person is allowed to make healthcare decisions for you including life support decisions, but only after your healthcare provider certifies that you are no longer able to make your own decisions.

You can also leave advance directives about life support by executing a “Living Will”. A Living Will tells your healthcare provider and family about the types of life support that you want to be provided or withheld in case you are ever kept alive by artificial means and no longer able to make decisions for yourself.

If you already have a Living Will or durable Power of Attorney for Healthcare, please tell your healthcare provider. We need to put a copy of that documentation in your medical record in order to honor your wishes. If you want more information on how to make a Living Will, Please feel free to ask your healthcare provider, hospital worker, or your attorney.

It is our policy to honor our patient’s healthcare decisions to the fullest extent required or allowed by law. You are not required to give advance healthcare decisions to receive healthcare at this facility.

Please answer the following questions:

Do you have a Living Will? Yes _____ No _____
If yes, have you given us a copy? Yes _____ No _____
If no, will you provide us a copy? Yes _____ No _____

Do you have a Durable Power of Attorney? Yes _____ No _____
If yes, have you given us a copy? Yes _____ No _____
If no, will you provide us a copy? Yes _____ No _____

Patient signature

Date