

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 SurgCenter of Towson. I am aware that in the event of a life-threatening emergency, it is the policy of SurgCenter of Towson to perform any necessary emergency procedures and transfer me to an acute facility/hospital for any additional care needed.

PLEASE CHECK ONE

I do not have an advance directive

OR

I have an advanced directive and I have given SurgCenter of Towson 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 SurgCenter of Towson, in writing, but if I revoke my consent, such revocation will not affect any actions that SurgCenter of Towson 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