



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 at Pima Crossing**. I am aware that my surgeon will discuss with me the Advance Directive and it will be honored. If the Advance Directive includes a DNR request, the surgeon and I along with my conservator or guardian will develop a plan of care.

- I decline to implement an advance directive
- I would like to implement an advance directive and I have given **SurgCenter at Pima Crossing** a copy of such directive.
- I have been given the opportunity to receive a copy of the Privacy Notice

I understand that I may revoke this consent ant any time by notifying **SurgCenter of Pima Crossing**, in writing, but if I revoke my consent, such revocation will not affect any actions that **SurgCenter of Pima Crossing** took before receiving my revocation.

Signature of patient or patient's representative

Date

Printed Name of patient or patient's representative

Signature of witness

Date