ADVANCE DIRECTIVE AND PATIENT RIGHTS ACKNOWLEDGEMENT

You have the right to make decisions regarding your medical care. You also have the right to appoint someone to make medical decisions for you if you are unable to make those decisions yourself.

An "advance directive" is a written instruction, such as a living will or durable power of attorney for health care, relating to the provisions of health care when the individual is incapacitated.

It is Naval Medical Center policy to inform patients of the availability of living wills and durable powers of attorney for health care which direct the staff not to perform excessive measures in terminal or otherwise appropriate cases. Please ask your nurse or physician about an advance directive if interested. Provision of care is not conditioned on whether an individual has executed an advance directive.

PLEASE READ THE FOLLOWING STATEMENTS, CIRCLE THE APPROPRIATE CHOICES, AND SIGN BELOW

1. I have been given written materials about patient rights and responsibilities.
2. I have been informed of my rights to formulate Advance Directives at any time.
3. I understand that I am not required to have an Advance Directive in order to receive treatment at this health care facility.
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law. To facilitate compliance with my Advance Directive, I realize that this facility needs a copy within 24 hours of my admission. If unable to obtain a copy, I understand that I may execute (orally or in writing) another Advance Directive.
5. I HAVE - I HAVE NOT executed an Advance Directive.
6. I DO -- I DO NOT wish to execute an Advance Directive at this time.

PATIENT'S SIGNATURE: ___________________________ DATE: ________________

SIGNATURE OF WITNESS: _________________________ DATE: ________________

COMPLETED BY ADMISSIONS STAFF WHEN PATIENT IS UNAVAILABLE AT TIME OF ADMISSION The patient was unable to complete this form at the time of admission due to the following reasons:

ATTENTION TO PATIENTS! Please bring a copy of your Advance Directives to be filed in your Outpatient Medical Record and anytime you are admitted to the Hospital. If we do not have a copy of your Advance Directive, we may not be able to honor your wishes regarding life-sustaining procedures. If you have additional questions, please contact NMCSD Legal Department (619) 532-6478.

RELEASE OF INFORMATION DISCLOSURE

You have the right to request that information about your admission to this hospital not be released to outside persons. If you choose this restriction, individuals contacting the hospital inquiring about your presence or status in the hospital will not be given this information. However, this information will be released when necessary for treatment, payment or healthcare operations. You may choose to revoke this restriction at any time verbally or in writing, and it applies only to this admission. If you have any questions, you may call admissions at (619) 532-8366.

ACTIVE DUTY PERSONNEL: THIS RESTRICTION DOES NOT APPLY TO INFORMATION REQUESTED BY YOUR COMMAND OR REQUIRED IN ORDER TO CARRY OUT THE MILITARY'S MISSION.

I have been informed of my rights to have information about my admission restricted, and I DO -- I DO NOT request this restriction.

PATIENT or LEGAL GUARDIAN SIGNATURE DATE: ___________________________ WITNESS NAME / SIGNATURE:

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