MEDICAL INTERVENTIONS D/B/A URBAN HEALTH
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ADVANCE DIRECTIVES ATTESTATION

In the event you become unable to tell your physician and family how you want to be treated, federal and state laws provide ways for you to make your wishes known, the federal Patient Self Determination Act states that each competent adult patient has the right to prepare a written "advance directive" regarding healthcare decisions. The advance directive is typically expressed in one or more of three basic types or forms; a Living Will declaration, a Durable Power of Attorney for health care, or a Designation of Healthcare Surrogate, or Representative to make healthcare decisions for you, the patient, when the patient becomes incapable of making those decisions.

The Living Will enables you to indicate your wishes regarding healthcare treatment and life-prolonging procedures and the circumstances under which you wish these procedures to be withdrawn or withheld, and you may also designate a surrogate to carry out your wishes.

Through a Durable Power of Attorney you can name a person to communicate your wishes regarding medical, legal, and financial matter should you become incapacitated. This may include authorizing medical treatment an administration of drugs.

Designation of a Healthcare Surrogate allows you to name a person who will make healthcare treatment decisions on you behalf should you become incapacitated. Healthcare surrogates must be named by you before you become incapacitated but surrogates do not assume responsibility until after you become incapacitated to make decisions regarding medical treatment.

Advance directives can help protect your right to make medical choices that can affect your life. The stress on your family during a difficult time can be considerably reduced because your family will be relieved of the responsibility of trying to decide what you wishes would be. Your family and physician will have clear guidelines concerning your wishes for your care.

I, _____ understand the above and do hereby affirm that at this time
(Please print name)

☐ I **HAVE** prepared a

___ Living Will ___Durable Power of Attorney for Healthcare ___Designation of a Healthcare Surrogate

☐ I **HAVE** provided a copy to _____.
I understand the information I have provided may be modified or changed at any time and I must provide another copy after any changes in the future.

☐ I **HAVE NOT** provided a copy to my physician at this time. I understand it is my responsibility to provide my physician a copy of my advance directive.

☐ I **HAVE NOT** prepared any of the above documents.

_____ _____
Signature of Patient or Legal Guardian Date

_____ _____
Print Name of Patient or Legal Guardian Witness