Advanced Directives Notice

In the ambulatory care setting, if a patient should suffer cardiac or respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care or denial of such resuscitative efforts. Therefore, in accordance with federal and state law, Dr. <<VisitDoctorFullName>> is notifying you that Gaskins Eye Care and Surgery Center (the Facility) will not honor previously signed advance directives for any patient.

What that means is: In the event of an emergency or life-threatening situation, advanced cardiac life support procedures will be instituted in every instance, with a transfer to a higher level of care as needed.

Information on advance directives may be obtained from the following sources:

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http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/index.shtml

2. Office: Ask for a copy of information on advanced directives

I understand that the operation and / or diagnostic procedure to be performed on me at the Facility will be done on an outpatient basis and that the Facility does not provide 24 hour patient care. I understand that Dr <<VisitDoctorLastName>> does not recognize Advance Directives and if my attending practitioner, or any other duly qualified physician in his / her absence, shall find it necessary or advisable to perform CPR or other life sustaining treatment and / or to transfer me from the Facility to a hospital or other health care facility, I consent and authorize the employees of the Facility to perform such treatment and arrange for and affect the transfer.

I CERTIFY that I have read, or had read to me, and fully understand the above information, and all questions have been answered to my satisfaction.

Date: (date)

Patient (or person authorized to sign for patient)

Date: (date)

Witness

If other than patient, please indicate relationship

and reason for signing in place of patient

I have [] I have not [] executed an advanced directive / living will.

If you have executed an advanced directive or living will, Gaskins Eye Care and Surgery Center will keep a copy of your directive, at your request, in your medical records. Although **our surgery center resuscitates all patients** regardless of advanced directive instructions, in the event that you are transferred to a higher level of care, Gaskins Eye Care and Surgery Center can forward your advanced directive on file along with your medical records to that higher level of care.

I do [] I do not [] want to keep a copy of my advanced directive / living will with my medical records at Gaskins Eye Care and Surgery Center.