## ADVANCE DIRECTIVE

Palo Alto Surgery Center will respect any Advance Directive that may be in place. However, the Center will NOT implement any advance directive that conflicts with our belief in the sanctity and value of human life. If you bring a copy of an advance directive or living will, a copy will be made and placed in your medical record. Should the need for a transfer to a hospital occur, this copy would be forwarded to the hospital of transfer and they may honor these directives.

The law does not require that patients have or make an advanced directive. Please check the appropriate box below.
☐ Yes, I have provided the Center with a copy of my Advance Directive/ Living Will. The Center has explained to me their policy regarding the implementation of this document and I agree to proceed with the proposed procedures as scheduled.
□ I do not have an Advance Directive/Living Will. I request the facility provide me with information about Advanced Directives. I understand that Palo Alto Surgery Center will not implement an Advance Directives, but will transfer this document with me should the need arise.
☐ I DO NOT have an Advance Directive/Living Will. I DO NOT want information.
X Patient's or Authorized Representative's Signature  Date
Authorized Representative (Please print if applicable) Relationship to Patient Date
Office Use Only
Information and Forms Provided to Patient: ☐ Yes ☐ No If NO please comment below

Patient Name: Surgeon: Date of Service Medical Record: Date of Birth Gender: