

DOWNEAST Surgery Center
404 STATE STREET
BANGOR, MAINE 04401
(207)-990-0928
Patient Information Regarding
ADVANCE DIRECTIVES

An advance directive is a “document or documentation allowing you to give directions about your future medical care or to designate another person to make decisions if you lose your decision making capacity”. An advance directive is sometimes referred to as living will or durable healthcare power of attorney.

DOWNEAST Surgery Center is an outpatient facility where only elective outpatient surgery is performed. In the unlikely event a life threatening emergency occurred, our policy is to treat, stabilize and transport you to Eastern Maine Medical Center or St. Joseph Hospital.

DOWNEAST Surgery Center’s staff will acknowledge and follow your Advance Directives when they are received and placed on your chart. If you have Advance Directives it will be noted on your chart in prominent places for all staff to see.

It is your right to make informed decisions regarding your care and to formulate an Advance Directive consistent with state law. Information regarding our policy on Advance Directives will be shared with you verbally and in writing prior to your date of surgery. We will also provide you with a copy of the state law.

A copy of your advanced directives (if you make them available) will follow you if admission to the hospital is necessary.

DownEast Surgery Center complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex

I HEREBY ACKNOWLEDGE THE ABOVE STATEMENT

Patient’s Signature: _____ (18 years of age or older)

Guardian/Parent Signature if under 18 years: _____

Agent Signature: _____

Date: _____ Time: _____

Reviewed During PAT Nurses Signature: _____ Date: _____ Time: _____

Reviewed During Phone PAT Nurses Signature _____ Date: _____ Time: _____

Information mailed on Date: _____ Nurses Signature: _____

A description of Maine Law was given to the patient Yes _____

Patient has Advance Directives Yes _____ No _____

Patient was offered Advance Directive Form Yes _____ NA _____ (patient has Advance Directives)

Completed Advance Directives were received at DESC and placed on patient’s chart
Yes _____ No _____