**DOWNEAST Surgery Center**

**73 Ridgewood Drive**

**Bangor, ME 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 a living will or durable healthcare power of attorney.

DOWNEAST Surgical 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 Surgical Center’s staff will acknowledge your Advance Directives when they are received and place them 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 advance 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 and 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)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/Parent Signature if under 18 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed During PAT Nurses Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_

Reviewed During Phone PAT Nurses Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_

*A description of Maine Law was given to the patient: Yes\_\_\_\_\_\_*

*Patient has Advance Directives Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_*

*Patient was offered Advance Directive Form Yes \_\_\_\_\_\_ N/A\_\_\_\_\_\_*

 *(Patient has advance directives)*

*Completed Advance Directives were received by DESC and placed on patient’s chart.*

 *Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_*