

ACKNOWLEDGMENT OF PATIENT INFORMATION ON ADVANCE DIRECTIVES

1. In advance of the date of my scheduled procedure at Surgical Center at Cedar Knolls, I have received written information on state law, and Surgical Center At Cedar Knolls written policy, advising me of my right to make decisions concerning my medical care, including the right to accept or refuse medical or surgical treatment, and formulate advance directives (declaration and/or durable power of attorney for health care decisions).

YES **NO**

2. I have formulated an Advance Directive:

YES **NO**

Please describe the form of Advance directive Formulated:

- Proxy Directive**
- Instruction Directive**
- Combined Directive**

I understand that I will not be discriminated against on my provision of care whether or not I have an Advance Directive. I understand DNR orders will be suspended, while I am a patient of the surgery center but such information will be forwarded, in the event I am transferred to the hospital.

(Patient's Signature) (Date)

(Family or Other (if patient is unable to sign) (Date)

(SCCK's Representative) (Date)