



TAHOE FOREST HEALTH SYSTEM

ACKNOWLEDGEMENT OF PATIENT INFORMATION ON ADVANCE DIRECTIVES

An advance directive is a written instruction, such as a living will or durable power of attorney for health care, recognized under State law relating to the provision of health care when the individual is incapacitated. The instructions provide guidance for a patient's choice about treatment or name someone to make such choices if the patient becomes unable to make decisions.

The forms in which Advance Directives can be given:

CALIFORNIA – Advance Health Care Directive, a Living Will, or a Durable Power of Attorney (California Uniform Health Care Decisions Act California Probate Code §§4670-4806) NEVADA – A Living Will (Declaration) and a Durable Power of Attorney for Health Care (NRS 449.535-449.720 and NRS 449.800-449.860)

The Tahoe Forest Health System has no objection on the basis of conscience to honoring advance directives. We will honor our patients' Advance Directives, regardless of the range of medical conditions or procedures. However, there may be individual healthcare providers in the Tahoe Forest Health System who, due to religious, ethical or moral conscience objections, may be unwilling or unable to honor a patient's advance directive. If this were ever the case, the physician/or hospital will take all reasonable steps to transfer the patient to a physician who will honor the patient's advance directive.

I have been provided with the Hospital's written information "Your Right to Make Decisions About Medical Treatment", regarding my rights to make decisions concerning my medical care. I have the right to accept or refuse medical or surgical treatment and to formulate an Advance Directive, Durable Power of Attorney for Health Care, or Living Will (Declaration).

PLEASE INDICATE STATUS: *You will not be discriminated against whether or not you have an Advance Directive. Complaints concerning the Health System's fulfillment of your instructions may be directed to the California Dept of Public Health, 126 Mission Ranch Blvd. Chico, CA 95926 (530-895-6711) or the Northern Nevada Office Bureau of Health Care Quality and Compliance, 727 Fairview Drive, Suite E, Carson City NV 89701 (775-684-1030).*

☐ I have an Advance Directive, Durable Power of Attorney for Health Care, or Living Will and will provide the Hospital with a copy. **I understand that a copy of my advance directive must be provided to the Hospital in order for the Hospital to honor the directive. It is my responsibility to make sure a copy is provided to the Hospital.**

☐ I already have an advance directive on file at the Hospital in my medical record.

(Staff only: Called Medical Records – ext. 3475) Signature: _____ Date/Time: _____

☐ I do not have an advance directive, but would like to receive resources to formulate an Advance Directive Form.

(Staff only: Directions and Form Provided ☐ CA ☐ NV)

Signature: _____ Date/Time: _____

☐ I am not interested in an Advance Directive at this time.

Date: _____ Time: _____ AM / PM

Signature: _____
(Patient / Parent / Conservator / Guardian / Representative)

Print: _____ / _____
(Patient/Parent/Conservator/Guardian/Representative) (RELATIONSHIP)

Witness Initials: _____
(Hospital Employee)