



## Advanced Directives Statement of Limitations Acknowledgement

An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Louisiana Statutes Code 40:1299.58.1-10. In the state of Louisiana, all patients have the right to refuse medical treatment they do not want, or to request treatment they do want, in the event they lose the ability to make decisions for themselves. The Louisiana Declaration is the state's living will to state a patient's wishes about medical care in the event that they can no longer make their own medical decision, and designate another person to decide whether life-sustaining treatment should be withheld or withdrawn in the event they become terminally and irreversibly ill and can no longer make your own medical decisions.

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed.

West Bank Surgery Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that *in the absence of an applicable properly executed Advance Directive*, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

I have read and understand the above statements. As such, I attest to the following statements (please check all that apply):

- I do not have an Advance Directive.
- I have an Advance Directive and brought a copy with me today.
- I have an Advance Directive but DID NOT bring a copy with me today.  
(Therefore WBSC cannot honor the Advance Directive)
- I would like to receive information on the Advance Directives available to me.

\_\_\_\_\_  
Signature of patient or patient's representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient or patient's representative

\_\_\_\_\_

\_\_\_\_\_



Witness Signature

Date