

**PLEASE RETURN FILLED OUT TO
WYATT SURGERY CENTER
ON THE DAY OF YOUR SURGERY**

ADVANCE DIRECTIVE NOTIFICATION

An Advance Directive is a legal document that described a person's wishes for health care decisions if he or she becomes too ill or incapacitated to express them. Advance Directives are the following written instructions: Living Will or Durable Power of Attorney. If you have either of these documents, please bring them on your day of surgery.

1. Do you have an Advance Directive: No, proceed to question 3

Living Will Durable Power of Attorney

2. Where is the copy located?

Home Lawyer Hospital Wyatt Surgery Center

Contact Person: _____ Phone: _____

Address: _____ City: _____ State: _____

3. I have received a Summary on Advance Directives and **Wyatt Surgery Center** Policy on Advance Directives

Yes

PRIVACY

I have received and reviewed a copy of **Wyatt Surgery Center** Privacy Notice. This information explains how my Personal Health Information (PHI) can and will be used for treatment, payment for health care operations and for other purposes that are permitted or requested by law.

I have received a summary of the Privacy Policy prior to surgery

Wyatt Surgery Center has my permission to speak with the following people regarding my care and stay.

PATIENT RIGHTS ACKNOWLEDGEMENT

I have received a summary of the Patient Rights prior to my surgery

By signing below, I acknowledge I have received the Summary of Advance Directives, **Wyatt Surgery Center's** policy on Advance Directive, The Privacy Policy (HIPAA), and the summary of the Patient Rights prior to my surgery.

Signature of Patient or Personal Representative (Relation Required)

Date