

MILLENNIUM SURGERY CENTER, INC.

ADVANCE DIRECTIVE

Millennium Surgery Center, Inc. does not honor a "do not resuscitate" portion of an advance directive, as we expect all our patients to be reasonably healthy. If you wish to provide a copy of your advance directive or living will, a copy will be made for your medical record.

The law does not require that patients have or make an advance directive.

- _____ Yes, I have an advance directive of which my family is aware; however I do not have a copy to provide Millennium Surgery Center, Inc. today.
- _____ Yes, I have an advanced directive that I have provided to Millennium Surgery Center, Inc.
- _____ No, I do not have an Advance Directive.

Would you like to receive information regarding advance directives? No Yes
Requested information provided? Yes Staff Initials _____

_____ I understand that I have the right to receive or refuse treatment as outlined in the Patient Self-Determination Act.

PATIENT BILL OF RIGHTS

Millennium Surgery Center, Inc. did inform me of my patient rights written or verbally and in a language and manner which I could understand in advance of the date of my procedure.

Print Patient Name

Signature (Patient, Conservator, Parent or Guardian)

Date