

First Name:	MI:	Last:	
Street Address:			
City:	State:	County:	Zip Code:
Home Phone:	Cellular:	Work:	

It is CARTI's policy to honor a patient's health care decisions to the full extent required or allowed by law. **You are not required to give advance health care directives in order to receive care at CARTI.**

If you already have a living will or durable power of attorney for health care, it is **YOUR RESPONSIBILITY** to inform CARTI. If at any time your living will changes or durable power of attorney changes it is YOUR RESPONSIBILITY to inform CARTI. We will put a copy of the document in your medical chart to ensure that your wishes are honored. If you want more information regarding advance directives for health care, please feel free to ask our Counseling and Resource Coordinator. If you desire to establish a durable power of attorney or a living will, please contact an attorney.

Yes, I have a living will and/or durable power of attorney for health care. It is **MY RESPONSIBILITY** to provide CARTI with a copy of my living will and/or durable power of attorney. If I fail to provide CARTI a copy of my living will or power of attorney, CARTI's emergency help policy will be followed.

 Location of document(s)

 Signature of Patient or Guardian (relationship to patient)

 Date

No, I do not have a living will and/or durable power of attorney for health care. I am in receipt of the information provided by CARTI regarding advance directives. I understand and acknowledge that CARTI is not making any recommendations or representations regarding either advance directives or the accuracy of the information provided by CARTI. If I would like to have a durable power of attorney or living will, I will consult an attorney.

 Signature of Patient or Guardian (relationship to patient)

 Date

 Signature of CARTI Personnel

 Date