



**GENERAL CONSENT TO OPERATION AND OTHER MEDICAL SERVICES INCLUDING ANESTHESIA**

**ADVANCE DIRECTIVE ATTACHMENT**

Under Colorado law, you have the right to participate in your own health care decisions and to make Advance Directives (including CPR Directives, Living Wills, and Medical Power of Attorneys) which will guide your medical treatment if you are incapacitated. The Surgery Center of Fort Collins (“SCFC”) respects and upholds those rights in accordance with applicable law. The existence of an Advance Directive, or the lack thereof, will not determine your right to care, treatment, or services at SCFC. Furthermore, whether or not you have issued an Advance Directive, you have the right to refuse treatment at any time.

Most procedures performed in this facility are considered to be of minimal risk and are expected to result in discharge after a short recovery period. If you have an Advance Directive, you must instruct SCFC whether you wish the Advance Directive to be followed in this setting. If you wish to have SCFC comply with your Advance Directive, you must either provide us with a copy of your Advance Directive prior to your scheduled procedure or your Advance Directive must be reflected by an unaltered, official State CPR bracelet or necklace which you are wearing at the time of the procedure. If you have an Advance Directive but do not want the Advance Directive to be followed by SCFC, you must document this election by appropriately completing this form.

**PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS THAT IS TRUE AND CORRECT:**

- I have received SCFC’s Information Packet on Advance Directives and have discussed this information with a Facility Representative.
- I have an Advance Directive(s).
- I have provided SCFC with a copy of my written Advance Directive(s).
- I request that SCFC comply with the terms of my written Advance Directive(s).
- I am wearing an official State CPR bracelet or necklace and instruct SCFC to withhold CPR from me.
- I have a written CPR Directive, Living Will or other Advance Directive, and/or I am wearing an official State CPR bracelet or necklace, but I do not wish this Directive to be honored by SCFC due to the nature of the ambulatory surgery services which will be provided to me. I hereby release SCFC from any and all liability for performing cardiopulmonary resuscitation on me or while I am a patient at SCFC.
- I do not have any type of Advance Directive, Living Will, or Medical Power of Attorney.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS. I FURTHER CONFIRM THAT EACH OF THE STATEMENTS THAT I HAVE INITIALED IS TRUE AND CORRECT**

\_\_\_\_\_  
Printed Name of Patient or Patient’s Representative

\_\_\_\_\_  
Signature of Patient or Patient’s Representative

Date of Signature: \_\_\_\_\_

Patient’s Printed Name (if different from Person Signing): \_\_\_\_\_

Relationship of Patient Representative to Patient: \_\_\_\_\_