



PATIENT INFORMATION SHEET ON ADVANCE DIRECTIVES

The Colorado Patient Autonomy Act recognizes a patient's autonomy to accept or reject medical treatment. This autonomy includes the right to establish advance directives and instructions for the administration of medical treatment in the event the person lacks decisional capacity to provide informed consent to, or refusal of, treatment at a later time ("Advance Directives"). Colorado law establishes different types of Advance Directives which may be used by a patient to exercise his or her decision-making rights. These include Medical Durable Powers of Attorney, Living Wills, and CPR Directives.

It is the policy of The Surgery Center of Fort Collins ("SCFC") to respect and uphold the patient's right to make health care decisions and issue Advance Directives. The existence of an Advance Directive, or the lack thereof, will not determine the patient's right to care, treatment, or services at SCFC.

Additional information about Advance Directives is provided in the attached brochure published by the Colorado Advance Directives Consortium and posted online at <http://coloroadvancedirectives.com/>. Other sources of information include the following:

1. **Medical Power of Attorney:** A standardized form for the Colorado Medical Durable Power of Attorney:
<http://coloroadvancedirectives.com/advance-directives-in-colorado/medical-durable-power-of-attorney/>
2. **Living Will:** A standardized form for the Colorado Living Will:
<http://coloroadvancedirectives.com/advance-directives-in-colorado/living-will/>
3. **CPR Directives:**
 - a. A standardized form for the Colorado CPR directive:
<http://coloroadvancedirectives.com/advance-directives-in-colorado/cpr-directives/>

If you have questions about Advance Directives or would like copies of the above-referenced information, please contact the SCFC Admitting Office at 970 494-4800.

IMPORTANT INFORMATION:

1. The patient is responsible for notifying SCFC of any Advance Directives issued by the patient and for providing SCFC with a copy of such Advance Directives prior to the patient's scheduled procedure.
2. If the patient has a CPR Directive but does not wish this Directive to be followed in the ambulatory surgery setting, the patient must notify SCFC and confirm this election in writing.
3. This information sheet is provided as a service to the patients of SCFC. This information is summary in nature and is not legal advice. Changes in the law may have occurred since this information sheet was prepared. Patients should consult an attorney about their individual situations and the appropriate documents and procedures for exercising their health care decision-making rights.



ADVANCE DIRECTIVE ADDENDUM

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. 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

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 signed CPR Advance Directive in place, but I understand that it will be temporarily suspended while I am under the effects of surgical anesthesia. Therefore, I expressly release my care providers and the Surgery Center of Fort Collins from any liability for initiating CPR during surgery and throughout my stay at the Surgery Center of Fort Collins. I am aware of my right to decline such a waiver of my written Advance Directive that is in effect at the time of this surgery. If I elect this option, I am aware that my anesthesiologist will discuss with me that my surgery may proceed without anesthesia – if medically possible and medically advisable - or the surgical procedure will be cancelled, if doing so is in the best medical interest.
- 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

_____ Date of Signature: _____
Printed Name of Patient or Patient's Representative

Signature of Patient or Patient's Representative

Patient's Printed Name (if different from Person Signing): _____

Relationship of Patient Representative to Patient: _____