

# Endoscopy Center of Inland Empire

## POLICY ON ADVANCED DIRECTIVES

The State of California regulations require that your medical chart contains the following information. You will be asked if you have a Living Will, have a signed Durable Power of Attorney for Healthcare, or designated (a surrogate) to act on your behalf.

***Please complete this information and acknowledge your response by signing below.***

<input type="checkbox"/> I have a Living Will	State Location of Will if Possible
<input type="checkbox"/> I have a Durable Power of Attorney for Healthcare	Designee if Available:
<input type="checkbox"/> I have designated (a surrogate) agent	Name of Agent:
<input type="checkbox"/> <b>I have none of the above and do not wish any information.</b>	
<input type="checkbox"/> I have none of the above and request information at this time.	

### ***Please Note***

If you, as a patient of The Endoscopy Center of Inland Empire, experience a life threatening emergency while at the center, it is our policy to resuscitate and maintain life until an appropriate and timely transfer can be made to the nearest hospital. This policy is in place regardless of any of the above stated arrangements. Your signature below acknowledges that you have read, understood and agree to the above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date

Patient Label