



ADVANCE DIRECTIVES NOTICE

This notice is distributed in accord with Medicare requirements.

Pennsylvania Law: In Pennsylvania, capacitated adults have the right to decide whether to accept, reject or discontinue medical care or treatment. There may be times, however, when a person cannot make his or her wishes known to a medical provider. For example, a person may be incompetent, in a terminal condition, or in a state of permanent unconsciousness, and unable to tell his or her doctor what kind of care or treatment he or she would like to receive or not to receive. This can be addressed through an advance directive.

An advance directive may take many forms and is commonly referred to as a "living will". This is a written declaration that describes the kind of life-sustaining treatment you want or do not want if you are unable to tell your doctor. In Pennsylvania, a living will is known in the law as an advance directive for healthcare. You are not required to have a living will.

Further Information: There is no single correct way to write a living will. You may wish to consult with an attorney to develop a living will.

Additional information about living wills and acceptable forms that may be used in Pennsylvania to establish your advance directives may also be obtained from:

- The American Association of Retired Persons (AARP), 717-238-2277
- Pennsylvania Department of Aging 717-783-7247, www.aging.state.pa.us
- Pennsylvania Council on Aging, 717-783-1924

Our Center: Given the nature of the procedures and associated care delivered at this facility, and MidLantic Urology's perspective on advance directives, MidLantic Urology will not honor advance directives. This means that resuscitative or other stabilizing measures will be initiated if an adverse event occurs at our facility. The facility's position regarding attempting resuscitative measures regardless of the existence of Advance Directives is permitted in accord with PA Code, Title 20, Chapter 54, Section 5424. Nevertheless, should a patient who has presented Advance Directives require unanticipated transfer to a hospital, the patient will be transferred, and a copy of the Advance Directives will be provided to the hospital along with the other elements of the patient's record.

If you are interested in information regarding Advance Directives, please sign and date below:

YES, I AM INTERESTED:

Signature _____ Date _____

If you are not interested in information regarding Advance Directives or you have an Advance Directive in place, please sign and date below:

Signature _____ Date _____