What You Should Know About Advance Directives/Living Wills/ Durable Power of Attorney

An advance medical directive (Advance Directive), commonly referred to as a "Living Will" or "Health Care Directive" is a legal document intended to ensure that a patient's wishes concerning medical treatment will prevail if the patient is terminally ill or permanently unconscious. Another type of Advance Directive is the Durable Power of Attorney, which is a written document that gives the authority to another, usually a spouse or relative, to make decisions for him or her self. Most physicians have encountered patient-executed Advance Directives and make every effort to comply with the patient's wishes.

Advance Directives guide your doctor in choosing appropriate medical care for you based on how you want to be treated. An Advance Directive can also be a comfort to your family and help them with difficult decisions when you are unable to speak for yourself. And they help you maintain dignity and control over your own life, even at the very end. It's always hard to make tough decisions for a loved one, but if you write down your wishes in an Advance Directive, it becomes much easier for others to honor them. And you have the right to change any of you Advance Directives at any time. Either way, you are the one who is in control.

If you already have an Advance Directive in place, please provide a copy to Internal Medicine Specialist of Las Vegas so that we may honor your wishes. However, if you do not have an Advance Directive and you would like to create one, please ask a medical provider or the administrative staff to provide you with the necessary information.

Note: This article does not provide specific legal advice and it is not intended as such

Advance Directives Patient Notification Form

| I have been given information regarding the choices I can make regarding my |
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| health care. These choices are called Advance Directives, a Living Will, or Durable |
| Power of Attorney. I understand that in order for these directives to be valid, I |
| need to put them in writing and have them witnessed or notarized. If I choose to |
| make these part of my record, I will bring in a copy to the office to be included in |
| my medical records. |
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| Print Name | Date of Birth |
|-------------------|---------------|
| | |
| Patient Signature | Date |