

## **ADVANCE DIRECTIVES - LIVING WILL**

On January 11, 1992, a New Jersey law took effect which mandates that all health care facilities ask Patients whether they have an Advance Directive or Living Will. At Two Rivers Surgery Center we have made this a part of the admitting process.

An Advance Directive or Living Will is a document which allows you to give written instruction to those caring for you indicating the type of health care you would wish to receive or reject in the event you become unable to express these decisions yourself.

If you have an advance directive or living will, please bring a copy of it with you to the center on the day of your procedure. While you are a patient at Two Rivers Surgery Center, your Advanced Directive **will not** be honored. Should you be transferred to a hospital, a copy of your Advanced Directive will be sent with you.

There are three different types of Advance Directives:

### **1. A Proxy Directive**

This is a document in which a competent adult name a trusted relative or friend to make health care decisions on their behalf when they are unable to make these decisions.

### **2. An Instruction Directive**

In this document, the person writing it provides written instructions concerning the type of medical treatment they want or do not want performed for them and under what circumstances.

### **3. A Combined Directive**

In this document, a competent adult stated their general wishes regarding the kind of health care they wish to receive but appoints a trusted relative or friend to carry them out.

A brochure containing living will information is available from the Division of Aging.

If you wish to receive the brochure, please make your request to: **The Division of Aging  
101 South Broad Street  
CN 807  
Trenton, NJ 08625**

For more information contact: State of New Jersey's Department of Health and Senior Services

**State of New Jersey's Department of Health and Senior Services  
P.O. Box 360, Trenton, NJ 08625-0360  
Phone: (609) 292-7837  
[www.state.nj.us/health/advancedirective/](http://www.state.nj.us/health/advancedirective/)**

Do you have an **ADVANCED DIRECTIVE** or **LIVING WILL**? \_\_\_\_ Yes \_\_\_\_ No If yes, please send it or bring it to the center prior to your scheduled procedure.

Patients Signature indicating awareness of above: \_\_\_\_\_