

Advance Directive – Living Wills

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 the Essex Specialized Surgical Institute, we have made this part of the admitting process. If you have an advance directive or living will, please bring a copy of it with you to the Essex Specialized Surgical Institute on the day of your scheduled procedure.

If you do not have an advance directive or living will, please read the following information. 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 for yourself. There are three different types of advance directives:

- **A PROXY DIRECTIVE**
In a proxy directive, a competent adult names a trusted relative or friend to make health care decisions on his or her behalf when he or she is unable to make these decisions.

- **AN INSTRUCTION DIRECTIVE**
In an instruction directive, a competent adult provides specific written instructions concerning the type of medical treatment he or she would want performed, or would not want performed, and under what circumstances.

- **A COMBINED DIRECTIVE**
In this directive, competent adult states his or her general wishes regarding the kind of health care he or she wishes to receive but appoints a trusted relative or friend to carry them out.

A brochure containing living will forms and instructions is available from the NJ Bioethics Commission. If you wish to receive the brochure, please send a 9inch by 12 inch self addressed envelope with \$1 in postage attached to:

The NJ Bioethics Commission
CN 807
Trenton, NJ 08625

Do you have an Advance Directive or Living Will..... Yes ___ No ___

If yes, please bring a copy of it with you to Essex Specialized Surgical Institute.

Signature of Patient (Indicating awareness of above)

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____, have received a copy of Essex Specialized Surgical Institute Notice of Privacy Practices.

Signature of Patient

Date