

Surgical Center

AT CEDAR KNOLLS

197 Ridgedale Ave, Cedar Knolls, NJ 07927

ADVANCED DIRECTIVE-LIVING WILL

On January 11, 1992, a New Jersey law took effect which mandates that all health insurance facilities ask patients whether they have an advance directive or living will. At the *Surgical Center at Cedar Knolls* we will suspend this part of the process.

If you have an advance directive or living will, please bring a copy of it to the *Surgical Center at Cedar Knolls* the day of your procedure.

An advance directive or living will is used by an individual to indicate their voluntary, informed choice of accepting, rejecting, or choosing among alternative courses of medical treatment.

An advanced directive or living will is a document which allows you to give written instructions 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 the decisions yourself.

There are three different types of advanced directives:

1. A Proxy Directive: This is a document in which a competent adult names 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 states their general wishes regarding the kind of health care they wish to receive, but appoint 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

Do you have an Advanced Directive or Living Will? _____ YES _____ NO

If YES, see Waiver of Advance Health Care Directive.

Patient's signature indicating awareness of the above: _____ *Date* _____

Time _____

Witness _____