

Patient Name: _____ Date of Birth: _____

**PATIENT SELF-DETERMINATION QUESTIONNAIRE
YOUR RIGHT TO DECIDE**

While you cannot remove all uncertainty about your future health care needs, having an ADVANCE DIRECTIVE in place can give you the peace of mind that comes from making your wishes known in advance.

- Declaration to Decline Life-Prolonging Procedures
 - I have made a Living Will
 - I do NOT have a Living Will
- Health Care Surrogate
 - I have designated a Health Care Surrogate
 - I have NOT designated a Health Care Surrogate
- Durable Power of Attorney
 - I have appointed a Durable Power of Attorney for Health Care Decisions
 - I have NOT appointed a Durable Power of Attorney for Health Care Decisions

If you have a living will and/or an assigned health care surrogate we will gladly make a copy of your documents and place it in your chart.

PATIENT PRIVACY QUESTIONNAIRE

I. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations):

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

II. Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:

- Name: _____ Phone #: _____
- Name: _____ Phone #: _____

III. I confirm my understanding that all correspondence from our office will be sent in a sealed envelope marked "CONFIDENTIAL":

IV. I agree that confidential messages (i.e., appointment reminders) may be left on the telephone answering machine or voicemail at the phone number that I have provided.

V. I confirm that I am fully aware that a cell phone is not a secure or private line.

PATIENT/GUARDIAN/POA PLEASE SIGN: _____ DATE: _____