Empowering Native Wellness

Indian Health Council
50100 Golsh Rd
Valley Center CA 92082
760-749-1410

ACKNOWLEDGEMENT OF RECEIPT OF ADVANCE DIRECTIVE INFORMATION

PLEASE READ THE FOLLOWING TWO STATEMENTS:

Place your initials after each statement.

1) I have been offered written materials about my right to accept of refuse medical treatments: _____

2) I understand that I am not required to have an **ADVANCE DIRECTIVE** in order to receive medical treatment at this clinic: _____

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

_____ I have executed an **ADVANCE DIRECTIVE** for health care.

_____ I have **not** executed an **ADVANCE DIRECTIVE** for health care.

Signed: _____ Date: _____

Witness: _____ Date: _____