



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 or 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.

Patient Date of Birth: _____

Print Name: _____

Date: _____

Signature: _____

Date: _____

Witness: _____

Date: _____