



### Advance Directives Policy

- Advance Directives allows a person to give directions about medical care or to designate another person(s) to make medical decisions if he or she should lose decision-making capacity. Advance directives may include living wills, durable powers of attorney or similar documents portraying the patient's preference. The existence of an advance directive, or lack thereof, will not determine the patient's access to care, treatment or services.
- As a patient, you have the right to participate in your own health care decisions and to make an Advance Directive, or to execute a Power of Attorney that authorizes others to make decisions on your behalf when you are unable to make decisions, or are unable to communicate those decisions. Vision Care of Maine respects and upholds these rights. In the event of an emergency/need for resuscitation, the physician will evaluate each patient's condition on an individual basis and decisions will be made based on the patient's condition as well as his/her advance directives.
- For those patients that have an Advance Directive but are unable to provide a copy prior to the start of the procedure, they will be given the option of completing a new Advance Directive immediately since Advance Directives are required to be available under the Medicare Conditions of Coverage if to be implemented.
- Do Not Resuscitate (DNR) orders will not be honored at Vision Care of Maine. For those patients not agreeable with this policy, arrangements will be made to assist the patient in transferring to another facility that is able to provide a treatment plan agreeable to the patient.
- If you do not have an Advance Directive and would like additional information, please inform an ASC staff member and we will provide you with written material regarding the process of executing Advance Directives.

Please complete this information and acknowledge your response by signing below:

I **DO** have an Advance Directive

Copy provide & scanned into CNG

Copy not available & I do **NOT** want to complete another

- Location of document: \_\_\_\_\_

I do **NOT** have an Advance Directive

Patient provided with Advance Directives document

Patient refused Advance Directives document

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_