



## ADVANCED DIRECTIVE ACKNOWLEDGEMENT

I understand that I have the right to make choices regarding life-sustaining treatment (including resuscitative measures). If I desire to exercise this right, I understand that I must inform my physician of my wishes. I understand that if I have a Living Will, Durable Power of Attorney, and/or Advanced Directive, I must inform Michigan Outpatient Surgical Solutions (MOSS) I am aware that in the event of a life-threatening emergency, it is the policy of MOSS to perform any necessary emergency procedures and transfer me to an acute facility/hospital for any additional care needed.

## PLEASE CHECK ONE

- I do not have an advance directive.
- I have an advanced directive and I have given MOSS a copy of such directive to remain on my medical record if transferred.
- I have an advanced directive, but did not bring it with me.

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Signature of patient, patient's representative, or surrogate

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Date and time

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Printed Name of patient, patient's representative, or surrogate

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Signature of witness

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Date and time