



ADVANCE DIRECTIVE ACKNOWLEDGEMENT

Name: _____
(First) (Last) (Middle Initial)

Social Security #: _____ Date of Birth: _____

PLEASE READ THE FOLLOWING FOUR STATEMENTS

Place your initials after each statement.

1. I have been given written materials, about my right to accept or refuse medical treatments. ____ (Initial)
2. I have been informed of my rights to declare/formulate “Advance Directives.” _____ (Initial)
3. I understand that I am not required to have an “Advance Directive” in order to receive medical treatment at The Oncology Institute of Hope and Innovation. _____ (Initial)
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and caregivers to the extent permitted by law. _____ (Initial)

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- I HAVE executed an Advance Directive.
- I HAVE NOT executed an Advance Directive.

Signed: _____ Date: _____