



Oklahoma City Indian Clinic

Advance Directive Acknowledgement

Patient's Name: _____ Chart Number: _____

1. You have the right to accept or refuse medical or surgical treatment.
2. You have the right to give written directions about future treatment **before** you become seriously ill or unable to make healthcare decisions. This is called an "**Advance Directive**".
3. The Behavioral Health department of the Oklahoma City Indian Clinic will provide you with information to help you develop an **Advance Directive** regarding your healthcare.
4. You may consult your doctor, family, lawyer or others before making a written **Advance Directive**.
5. You are not required to make an **Advance Directive** about your future medical treatment. It is entirely your choice.
6. If you decide to make an **Advance Directive** about future medical care it will become a part of your medical record at the Oklahoma City Indian Clinic.
7. Photocopies of your fully executed and witnessed **Advance Directive** should be made for your personal records, your family members and your proxy and alternate if you have chosen them. The original or a copy of your **Advance Directive** should be furnished to the hospital whenever you receive inpatient care.
8. Your directions will be followed unless they are considered by your doctor to be in violation of law or applicable ethics.
9. You may revoke your **Advance Directive** at any time, in writing or simply by telling your attending physician or other healthcare provider or a witness, regardless of your physical or mental condition.

Please check **one** of the following statements below:

- I have an **Advance Directive**. Attached I request a copy of my **Advance Directive**.
 I do not have an **Advance Directive**. I request information on **Advance Directive**.
 I do not have an **Advance Directive** and I am not interested in one at this time.

I understand my rights as set forth above.

Signature: _____ Date: _____

Witness: _____ Date: _____

Relationship to patient: _____