

INTEGRITY PAIN MANAGEMENT

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PATIENT RIGHTS & ADVANCE DIRECTIVES

We recognize that you have the right to participate in and to make decisions regarding your health care, including the right to refuse medical treatment as provided by state law and regulations.

You have the right to express your wishes related to your care through "Advanced Directives" as provided by state law and regulations. "Advanced Directives" are written statements which specify what kind of treatment you want or do not want under special and serious circumstances when you may not be able to tell your doctor or other caregiver how you want to be treated.

"Advanced Directives" may be in the form of a "living will" and/or by designating a third party (relative, friend, etc.) to make decisions on your behalf using a durable power of attorney or other forms allowed by the state.

Integrity Pain Management Center does not discriminate against clients in admissions to care or services offered on the basis of the presence or absence of advanced directives and will comply with state law. However, it is important that we know if you have formulated an advanced directive so your wishes can be honored. It is also important that you provide a copy of your advanced directive to your physician so that the appropriate care can be ordered.

If you have already formulated an advanced directive, if you execute an advanced directive in the future, or if you change or revoke an advanced directive, it is important that your physician and the surgery center be informed.

If you indicate below that you have an advanced directive, the facility will retain the information in your clinical record, will contact your clinical record, will contact your attending physician for orders to comply with the terms of your instructions, and will notify Integrity Pain Management Center staff who provides your care. Likewise, if you formulate, change or revoke an advanced directive later, you must notify us and your physician. We will include the information in your clinical record, contact your physician for orders, and notify us and your physician. We will include the information in your clinical record, contact your physician for orders, and notify Integrity Pain Management Center staff of the changes.

- I have prepared an advanced directive regarding my health care.
- I have not prepared an advanced directive regarding my healthcare.
- I have received written information regarding my right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advanced directives under state law.

Patient Signature: _____ Date: _____