

SURGICAL CENTER AT MILLBURN, LLC
37 EAST WILLOW STREET
MILLBURN, NJ 07041

ADVANCED DIRECTIVE-LIVING WILL

On January 11, 1992, a New Jersey law took effect, which mandates that all health insurance facilities ask patients whether they have an advance directive or living will. At the *Surgical Center at Millburn*, we will include this as part of our process.

If you have an advance directive or living will, please bring a copy of it to the *Surgical Center at Millburn* the day of your procedure.

An advance directive or living will is used by an individual to indicate their voluntary, informed choice of accepting, rejecting or choosing among alternative courses of medical treatment.

An advanced directive or living will is a document which allows you to give written instructions to those caring for you, indicating the type of health care you would wish to receive or reject in the event you become unable to express these decisions yourself.

There are two different types of advanced directives:

1. **A Proxy Directive:** This is a document in which a competent adult names a trusted relative or friend to make health care decisions on their behalf when they are unable to make these decisions.
2. **An Instruction Directive:** In this document, the person writing it provides written instructions concerning the type of medical treatment they want or do not want performed for them and under what circumstances.

A brochure containing living will information is available from the Division of Aging. If you wish to receive the brochure, please make your request to:

*The Division of Aging
101 South Broad Street
CN 807
Trenton, NJ 08625*

Do you have an Advance Directive or Living Will? _____ Yes _____ No

Please note the following: *I hereby authorize the Surgical Center at Millburn to undertake maximum stabilization efforts in the event that such efforts are necessary and to transfer me to a hospital, in the event that such a transfer is necessary. I fully understand the implications of this decision.*

Patient's signature indicating awareness of the above: _____ Date: _____

For office use:

Time: _____ Witness: _____