

PATIENT SELF DETERMINATION QUESTIONNAIRE

BlessCare Center (BCC) honors the state of Florida's stance encouraging the use of Advance Directives. BCC will provide, to any patient who states they do not have an Advance Directive, a copy of the Advance Directive packet prepared by the Florida Agency for Health Care Administration (AHCA). If you do have an Advance Directive, BCC encourages you to provide us with a copy so we can place it in your medical record. In order to comply with Federal and State Law, BCC uses this questionnaire to document in your medical records whether or no you have executed an Advance Directive.

Please answer the following questions and sign below:

Declaration to Decline Life-Prolonging Procedure (LIVING WILL)

_____ I have made such a declaration _____ I have NOT made such a declaration

Health Care Surrogate:

_____ I have designated a Health care Surrogate

_____ I have NOT designated a Health Care Surrogate

Durable Power of Attorney:

_____ I have appointed a Durable Power of Attorney for Health Care decisions

_____ I have NOT appointed a Durable Power of Attorney for Health Care decisions

I have been provided information regarding **The Patient Self Determination Act:**

Please Print full name

Social Security Number

ANNUAL RECONFIRMATION

Signature of Patient or Patient Rep _____ **Date** _____

I have been provided with information regarding the Patient Self Determination Act; but decline to answer the above questions.

Signature of Patient or Patient Rep _____ **Date** _____