

Gemini ASC-Elkridge
ADVANCE DIRECTIVES – NOTIFICATION OF CENTER POLICY

On accordance with the Patient Self Determination Act, Gemini ASC-Elkridge, LLC, as a provider of outpatient services, is required to inquire about advance directives. However, to ensure the patient's right to actively participate in and direct health care decisions, if a patient presents an advance directive at the time of surgery, it will be placed in the patient's medical record, and should circumstances present which would make it appropriate, it would not be honored.

Gemini ASC- Elkridge, LLC will provide full resuscitative service for any patient requiring emergency lifesaving/support measures.

Advance Directives – refers to written instructions such as a living will, special power of attorney, or medical treatment plan.

I have read and understand Gemini Surgery Center's policy on Advance Directives. I also acknowledge that I received a copy of the advance directives from my surgeon's office prior to my surgical date.

_____ Executed Advance Directive on file

_____ No Advance Directive provided

Signature of Patient, Guarantor, Representative,
or Surrogate

Date

Signature of Surgery Center Representative

Date

Print Patients Full Name

Print Name of Guarantor (if applicable)

If Personal Representative's signature appears above, please describe Personal Representative's relationship to patient:
