**ADVANCE CARE NOTIFICATION**

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient’s expressed wishes when the patient is unable to make decisions or unable to communicate decisions. **Franklin Surgery Center** respects and upholds those rights.

Our team is dedicated to delivering the highest quality care in a safe environment that places the patient at the center of our care. We respect your rights to participate in making decisions regarding your care and self-determination and will carefully consider your requests. After careful consideration and reviewing the applicable state regulation 120-08-35-.13(20) thru 1200-08-35-.13(22), the leadership of the facility has established a policy to initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The majority of procedures performed at Franklin Surgery Center are considered to be of minimal risk, hence the risk of you needing such measures are highly unlikely. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

If you do have an Advanced Directive or Living Will and wish to provide us with a copy of the document, we will place a copy in your medical record. In the event a transfer to a hospital is required, a copy will be forwarded to the hospital.

If you do not have an Advanced Directive/Living Will and wish to create one, you may refer to one of the following:

[www.willsofamerica.com](http://www.willsofamerica.com)

[www.legalzoom.com](http://www.legalzoom.com)

[www.lawinfo.com](http://www.lawinfo.com)

[www.health.state.tn.us/Board/AdvanceDirectives](http://www.health.state.tn.us/Board/AdvanceDirectives)

If you would like a copy of the State of Tennessee official Advanced Directives form, please ask when you arrive at the center and a copy will be provided to you.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at Franklin Surgery Center.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_