

Advance Directives Checklist

Patient Name _____

MR# _____

It is the policy of Borinquen Medical Centers to provide each patient written information concerning their rights concerning advance directives. While all patients will be offered the opportunity to execute an advance directive, Borinquen Medical Centers will not require an individual to execute an advance directive as a condition of treatment or admission. Patients have the right to decline to execute an advance directive.

The patient or the patient’s representative indicated (check as applicable):

- _____ 1. Patient has an advance directive (a living will, health care surrogate, durable power of attorney, mental health advance directive) and provided a copy of it upon registration.
- _____ 2. Patient has an advance directive but does not have it with him/her. (The patient was advised to bring a copy to the clinic).
- _____ 3. Patient read and understood the information provided concerning advance directives.
- _____ 4. Patient is unable to communicate about advance directives.
- _____ 5. Patient declined to execute an advance directive.
- _____ 6. Patient authorizes Borinquen Medical Centers to send Medical Records via email address.

Email address: _____

Patient/Authorized Representative	Relationship to Patient	Date/Time
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Interpreter-sign and print	Date/Time
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Registration Representative	Date/Time
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