



My Directive Regarding Healthcare Institutions Refusing to Honor My Healthcare Choices

I understand that circumstances beyond my control may cause me to be admitted to a healthcare institution whose policy is to decline to follow Advance Directive instructions that conflict with certain religious or moral teaching.

If I am an inpatient in such a religious-affiliated healthcare institution when this Advance Directive comes into effect, I direct that my consent to admission shall not constitute implied consent to procedures or courses of treatment mandated by ethical, religious or other policies of the institution, if those procedures or courses of treatment conflict with this Advance Directive.

Furthermore, I direct that if the healthcare institution in which I am a patient declines to follow my wishes as set out in this Advance Directive, I am to be transferred in a timely manner to a hospital, nursing home, or other institution which will agree to honor the instructions set forth in this Advance Directive.

I hereby incorporate this provision into my durable power of attorney for health care, living will, and any other previously executed advance directive for health care decisions.

Signature

Date



Rider to Residential Agreement with Assisted-Living Facility

Resident and Facility agree that Facility will be the Resident's "home," with the dignity and privacy that concept implies. Resident hopes to remain in this home for the duration of his/her life.

Facility will respect Resident's end-of-life choices and will not delay, interfere with, or impede any lawful option of treatment or non-treatment freely chosen by Resident or Resident's authorized health care proxy or similar representative, including any of the following end-of-life options:

- Hospice or palliative care services in the home;
- Foregoing or directing the withdrawal of life-prolonging treatments;
- Aggressive pain and/or symptom management, including palliative sedation;
- Voluntary refusal of food and fluids, with palliative care, if needed;
- Any other option not specifically prohibited by the law of the state in which Facility is located.

Resident: _____ Date: _____

Facility Representative: _____ Date: _____



Hospital Visitation Authorization

I, _____, residing at _____ in _____ County, State of _____, do hereby give notice and authorization that if I should become ill or incapacitated through any cause that necessitates my hospitalization, treatment, or long-term care in a medical facility, it is my wish that the following person(s)

_____ be given first preference in visiting me in such medical or treatment facility, whether or not there are parties related to me by blood or law or other parties desiring to visit me, unless or until I freely give contrary instructions to medical personnel on the premises involved.

Executed this _____ Day of _____ (Month), _____ (Year)
at (location of signing) _____

By: _____
Signature _____ Date _____

Witness Signatures:

Witness 1

Signature

Address

Date

Witness 2

Signature

Address

Date

This form is provided by Compassion & Choices. For information about choices at the end of life and case management services for the terminally ill, please contact us or visit our website:
CompassionAndChoices.org