

Cornerstone Family Practice Advanced Directives

Adults 18 years and older have the right to make decisions regarding their own health care. They may accept or refuse care based on their own desires. The best time to determine what the decision will be regarding the choice of healthcare is before being admitted to a health care facility. In the event a person loses the ability to make these decisions, there are two legal documents that protect their right to refuse unwanted medical treatment, or to request treatment that is wanted.

These documents are called:

Advanced Directives

There are two forms of Advanced Directives that are acknowledged in Nevada.

1. Declaration (Living Will) NRS 449.535-449.720

The declaration (living will) is in effect only when the attending physician determines the patient's condition is terminal and there is no chance of recovery. The declaration (living will) allows a person to state their wishes about the medical care in the event they develop a terminal condition and can no longer make their own medical decisions.

2. Durable Power of Attorney NRS 449-800-449.860

The durable power of attorney for health care allows a person to name someone else to make decisions about their medical care, including decisions about life support, if they can no longer speak for themselves. This appointed person may make decisions regarding health care if a condition renders the patient: it does not require the condition to be terminal.

In the case a person has not prepared an Advanced Directives or to ask questions, you may have to contact the following resources:

Department of Human Resources
702-486-6515

Choice in dying
800-989-9455
www.lastactpartnership.org

Because the Durable Power of Attorney for Healthcare decision is a legal document you may want to contact an Attorney.

***Providers of service are required to inform their patients of their right to formulate an Advanced Directive, prior rendering medical treatment that requires a consent form and to document in the Patient's Medical Record whether an Advanced Directive has been executed.

I have an Advanced Directive () Yes () No

If you have an Advance Directive please provide a copy to the office for your chart.

Patient Signature _____ Date _____