

Plastic & Reconstructive Surgery, PC

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INFORMATION REGARDING ADVANCED HEALTH CARE DECISIONS

Federal law requires that we give you information about your right to make advance health care decisions. Right now, you're probably capable of making your own decisions regarding your health care. However, at some point in the future, that may not be true. By giving advance directions, you can tell your health care providers and family about the medical care you want to receive if you are not able to make those choices yourself. You can also empower another person with authority to accept or refuse treatment for you.

You empower another person to act in your behalf by giving them your "DURABLE POWER OF ATTORNEY FOR HEALTH CARE". In the event that you become incapacitated (*only when your health care provider certifies that you are no longer able to make decisions for yourself*) the person you name will be asked to make those decisions for you. This includes whether or not you are to be placed on life support.

It is also important that you leave instructions regarding your wishes by executing a "LIVING WILL". A Living Will tells your health care advocate (Power of Attorney) and your physicians the type of care you want. This is especially important for what types of life support you want (or do not want) in case you are ever in a situation where it is necessary to use artificial means to keep you alive.

Although we strongly advocate your having these legal documents in place, you are **NOT REQUIRED** to have them, or to give any advance health care directions in order to be treated in our office. We always endeavor to treat you with the utmost care, and respect, following your wishes as fully as possible without jeopardizing your best interests in relation to your health care.

Do you currently have a Living Will? YES NO

Do you currently have a Durable Power of Attorney for Health Care? YES NO

If you already have one or both of these documents, bring a copy for your records in our office.

Do you want more information regarding either of these? YES NO

PRINT PATIENT NAME

DOB: _____

Patient Signature or Signature of Patient's Representative*

Date

*If signature is not that of patient, state relationship to patient: _____

***If patient is under 18 years of age, or unable to make informed decisions, this form must be signed by a parent, legal guardian or someone holding Legal Power of Attorney for Healthcare in the patient's behalf.
We must have a copy of the legal document in the patient's medical record.**