

PATIENT NOTIFICATION OF ADVANCE DIRECTIVE AVAILABILITY

It is the policy of Women's Health Associates of Southern Nevada to inform patients of the availability of an Advance Directive form. Patients are encouraged to make informed decisions about end-of-life care and services. Women's Health Associates of Southern Nevada encourages patients to learn about options for end-of-life care and services. Implement plans to ensure your wishes are honored. You are encouraged to discuss your decisions with family, friends and healthcare providers.

☐ Yes, I have an advance health care directive/living will.	
☐ No, I do not have an advance health directive/living	g will.
\square I would like additional information on advance hea	alth directives.
Patient Name	Patient Chart #
	/
Patient/Health Care Agent/Guardian/Relative Signature	Date