



Your life. Your death. Your choice.

## DIRECTIVE REGARDING HEALTH CARE INSTITUTION REFUSING TO HONOR MY HEALTH CARE CHOICES

I understand that circumstances beyond my control may cause me to be admitted to a health care institution whose policy is to decline to follow advance directives that conflict with certain religious or moral teaching.

If I am a patient in a religiously affiliated health care 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, if the health care institution in which I am a patient declines to follow my wishes as set out in the advance directive, I direct that I 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

Witness statement: This person is personally known to me, and I believe him/her to be of sound mind and to have completed this document voluntarily. I affirm I am at least 18 years old, not related to him/her by blood, marriage, or adoption, and not his/her health care agent named in this document. As far as I know I am not a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care, and I am not an employee of his/her physician or a health care facility where the person making this document resides.

### WITNESS 1

### WITNESS 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address