



2925 Skyway Circle North, Irving, TX 75038, Tel: 972 675 7313 Fax: 972 675 7310 www.texashousecalls.com

## ADVANCED CARE DIRECTIVE

**DO YOU HAVE AN ADVANCE CARE DIRECTIVE?**

Yes

No

An Advanced care directive are specific instructions prepared in advance that are intended at direct a person's medical care if he or she becomes unable to do so in the future. This is also known as power of attorney, do not resuscitate (DNR), or living will.

### ***Acknowledgement of Review of Notice of Privacy Practices***

I have reviewed this office's notice of privacy practice's which explains how may medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document upon request.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Relationship of patient or personal representative

Date\_\_\_\_\_

### ***Release of information***

This serves as an authorization for the following person(s) to sit in for the consult, provide information about my illness, and request information at any time in person or by phone.

Name:\_\_\_\_\_

Relationship:\_\_\_\_\_

Name:\_\_\_\_\_

Relationship:\_\_\_\_\_

Name:\_\_\_\_\_

p:\_\_\_\_\_

Name:\_\_\_\_\_

p:\_\_\_\_\_

Name:\_\_\_\_\_

p:\_\_\_\_\_

\_\_\_\_\_  
Patient signature

Date: \_\_\_\_\_