

**ACKNOWLEDGEMENT OF RECEIPT  
OF AN ADVANCE DIRECTIVES DOCUMENT**

Advance Directives are expressions of intention made by an individual in advance of need to make decisions about the individual's health care. An Advance Directive may be a living will, an appointment of representative to consent for health care, or other less formal expressions of intention.

\_\_\_\_\_ (“Hospital”) acknowledges receipt of the following Advance Directive:

- Living Will
- Appointment of Representative to Consent to Health Care  
(Health Care Power of Attorney)
- Other (describe): \_\_\_\_\_

from \_\_\_\_\_, \_\_\_\_\_  
(Name of Declarant) (Address) (City) (State)

The individual (“Declarant”) making this Advance Directive, in consideration of the Hospital accepting the Advance Directives and placing it on file in the Medical Records Department, states and agrees as follows:

1. The declarant authorizes the Hospital to notify any attending physician of the Declarant at any time of the existence of the Advance Directive and the Hospital will provide the Advance Directive or copy thereof to any attending physician of the Declarant at any time.
2. The Declarant hereby agrees to notify the Hospital in writing if the Advance Directive is changed or revoked immediately upon change or revocation.
3. If the Declarant fails to notify the Hospital when an Advance Directive is changed or revoked, the Declarant releases and discharges the Hospital from any liability connected with the Advance Directive.

The Hospital hereby agrees to return the Advance Directive to the Declarant at any time upon written request of the Declarant.

This acknowledgement shall be binding upon the heirs, representatives, successors and assigns of the parties.

**Hospital:** \_\_\_\_\_

**Received by:** (Agent of Hospital) \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Declarant:** (If signed by a family member, indicate relationship) \_\_\_\_\_

**Date of Birth:** (for ID purposes) \_\_\_\_\_