OMEGA
Hospital

Patient's Right to Participate in Health Care Decisions

Federal law requires the Omega Hospital, LLC to provide you with the information on "Living Wills" and the other declarations concerning life-sustaining procedures. The state of Louisiana declared that all persons have a fundamental right to control those decisions relating to their own medical care, including the decision to have life-sustaining procedures withheld or withdrawn in instances where such persons are diagnosed as having a terminal and irreversible condition or are in a profound comatose state. In order that your rights may be respected, even if you can no longer participate actively in such decisions, the law allows you to make that declaration instructing your physician to withhold or withdraw life-sustaining procedures or to designate another person to make the treatment decision, including a declaration, for you in the event you are diagnosed as having a terminal and irreversible condition.

Federal and state laws require we ask you if you currently have a "living will" or if you have made a declaration about your future medical care, even if it was at another time in another place.

☐ Yes, I have a "living will" and would like it entered into my medical record. I will provide a copy to Omega Hospital prior to admission.

☐ No, I do not have a "living will." I would like information on a "living will" and the form which declares my intention. I will provide a completed copy to Omega Hospital prior to admission.
    ☐ *Living Will Patient Information Brochure*
    ☐ *Living Will Declaration form*

☐ I have been informed of this new law, but do not wish to make a decision at this time.

I, _____ (patient name or representative) have read this disclosure and fully understand my rights under the law to make a declaration (oral or written) about my future medical care.

_____   _____   _____
Date   Time   Patient or Patient's Representative Signature

_____   _____   _____
Date   Time   Witness Signature