Advance Directive Information

The advance directive is a simple way to put your wishes about health care decisions in writing. It is a document in which you give instructions about your health care and what you want done or not done if you cannot speak for yourself. This document helps guide families and medical personnel in deciding the course of medical treatment to delay death. It usually spells out how aggressive medical treatment should be administered.

In Oregon, the Health Care Decision Act (ORS 127.505-127.995) allows an individual to name a person to direct your health care when you cannot do so. This person is called your “health care representative”. Your representative must agree to serve in this role and must sign the necessary forms.

The following are included within the advance directive:
- Living will
- Medical power of attorney
- Pre-hospital medical care directive

For further information on Advance Directives or downloadable forms:
- [https://www.oregon.gov/DCBS/shiba/topics/Pages/advancedirectives.aspx](https://www.oregon.gov/DCBS/shiba/topics/Pages/advancedirectives.aspx)
- Oregon Health Decisions at 1-800-422-4805

Completing an advance directive is completely voluntary. If you do not want an advance directive you do not need to complete the forms.

The Oregon Clinic’s Advanced Directive Policy

Life-sustaining efforts will be initiated and maintained on all patients who may have a cardiac/respiratory event while at the Endoscopy Center. Patients will be given the opportunity to be referred to another facility for their care if not in agreement with this statement of limitation. If available, copies of any advanced directives will accompany the patient being transferred to another facility.

PHYSICIAN DISCLOSURE

As required by Federal Medicare regulations we are required to disclose that our physicians have a financial interest in The Oregon Clinic’s Gastroenterology Endoscopy Centers.

NOTICE OF REFERRAL RIGHTS AND ACKNOWLEDGMENT

In accordance with Oregon law (ORS 441.098), when you are referred for care outside of our clinic, we are required to notify you that you may have the test or service done at a facility other than the one recommended by your physician or health care provider.

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