

## ADVANCE DIRECTIVES STATEMENT

This statement is provided by Howard County Center for Lung and Sleep Medicine, LLC, in accordance with a federal law called the Patient Self-Determination Act of 1990. This law requires that Howard County Center for Lung and Sleep Medicine, LLC, provide each patient with written information concerning our policies for implementing a patient's rights to make health care decisions and to formulate advance directives.

Howard County Center for Lung and Sleep Medicine respects the right of each adult to participate in health care decision-making to the maximum extent of his or her ability, and respects the right consistent with the requirements of the laws of Maryland. To this end, Howard County Center for Lung and Sleep Medicine has instituted specific policies and procedures to ensure that a patient's wishes with respect to his or her individual health care decisions are respected.

To ensure your ability to participate in your care, the Howard County Center for Lung and Sleep Medicine LLC policy requires that we:

- 1. Comply with the applicable Maryland laws, including statutes and court decisions regarding your right to make health care decisions and to formulate advance directives.
- 2. Provide you with written information to inform you that you have the right under Maryland law to accept or refuse medical or surgical care or treatment and to formulate advance directives.
- 3. Document in your medical record whether you have executed an advance directive.
- 4. Make you aware that Howard Center for Lung and Sleep Medicine, LLC shall not condition the provision of your care or otherwise discriminate against you in any way based upon whether or not you have executed an advance directive.

Separate forms for both a durable power of attorney for health care decisions and a living will that are recognized as valid under Maryland law are available. If you wish to obtain copies of these forms you may contact:

Library and Information Services Division
Department of Legislative Reference
90 State Circle
Annapolis, MD 21401
Baltimore/Annapolis: 410-841-3810/3886
Washington, DC: 301-858-3810/3886
All other areas: 1-800-492-7122, ext. 3810/3886

This form has been discu	ssed with me and received by me. I have also received an information packet explaining advance directives.
At presen	t, I do not have an Advance Directive.
At presen	t, I do have an Advance Directive, and I will forward a copy to Howard County Center for Lung and Sleep
Medicine, LLC to be place	eed with my record.
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Patient Signature l	Date Control of the C
Responsible Party	Kelationship Date

Phone: 410 - 740 - 3635

Fax: 410 - 740 - 1253