

Advantage Sleep Centers
Patient Information Acknowledgement

1. Advanced Directives/DNR Forms

Please be advised that Advantage Sleep Centers has an emergency policy and procedure in which indicates that 911 will be called for all patient emergencies. We request that all patients, upon admission, supply Advantage Sleep Centers with copies of their Advanced Directives to retain in their medical chart so that in the event of a 911 emergency we can give your directives to the Emergency Transit Team.

Do you have an Advanced Directive/DNR instructions? _____yes _____no

Copies provided to Advantage Sleep Centers? _____yes _____no

Or

I do **not** have an Advanced Directive and I acknowledge that I have been offered written information on Advanced Directives. _____yes

Patient Signature

Date

2. Privacy Act/HIPAA

By signing below I acknowledge that I have been offered a copy of Advantage Sleep Center's Notice of Privacy Practices.

Patient Signature

Date