



Wyoming Endoscopy Center

7220 Commons Circle

Cheyenne, WY 82009

307-635-4141

Advance Directives Acknowledgement

Federal Law:

The 1990 Patient Self-Determination Act is a federal law that states patient must be informed of their right under stat law to make decisions about their medical care, including the right to accept or refuse medical or surgical treatment and the right to have an advance directive. The advance directive document is a way for you to communicate what kinds of medical care and treatment you do or do not want if you become unable to make these decisions for yourself.

Wyoming Law:

Under the Wyoming Health Care Decisions Act of 2005, as amended in 2007, Wyoming authorized a combined advance health-care directive. This law is intended for inpatient hospital admissions, care received from a nursing facility, home health agency, personal care service, hospital, or health maintenance organization and not for outpatient surgery centers.

Wyoming Endoscopy Center:

Wyoming Endoscopy Center does not honor advance directives. Health care providers at Wyoming Endoscopy Center are bound to do all in their power to assure the safe recovery of every patient, including resuscitation if that becomes necessary. Because the scope of care in this facility is limited to elective outpatient surgical procedures, any life-threatening event will be immediately treated with life sustaining measures and emergency services notified for transfer to Cheyenne Regional Medical Center. If a Patient has provided advanced directives to Wyoming Endoscopy Center, they will be given to emergency services along with any pertinent medical information.

All patients are to be informed that an advance directive will not be honored while a patient is at Wyoming Endoscopy Center.

The existence of an Advance Directive, or lack thereof, will not determine the patient’s right to care, treatment or services at DHA. Any patient who has questions now or in the future should be directed to their health care provider. Patients who would like to have an advance directive should speak with legal counsel.

Patient Signature: _____ DOB: _____ Date: _____

Witness: _____ Date: _____