TRI-STATE SURGICAL CENTER

PARTNERED WITH ValleyHealth

1006 TAVERN ROAD
MARTINSBURG, WV 25401
PHONE 304-267-0556
FAX 304-267-1460

NOTICE TO OUR PATIENTS

WV law recognizes as valid "living wills" and "advanced medical directives" allowing you to decide under certain circumstances, in advance, that in the event of an unexpected medical crisis such as cardiac or respiratory arrest, no attempt be made to resuscitate you, and all life sustaining procedures should be withheld from you. Also, in the event that you are incapacitated and unable to make healthcare decisions on your own behalf, medical decisions may be made for you by a health care surrogate or person delegated by you in the advanced directive.

Because of the nature of this facility, and recognizing the surgical services provided in this facility are elective, TSSC is unable to honor "Do not resuscitate" orders and similar advanced medical directives. In the event of a sudden life- threatening medical emergency, we will not comply with the instruction of a patient or health care agent or surrogate medical decision maker to withhold, withdraw or cease to implement life
sustaining procedures.

If you are the subject of a "Do not resuscitate" order, or have a living will or advanced medical directive which provides for the withholding or withdrawal of life-sustaining procedures we will do the following in the event of an unexpected medical crisis:

(1) Immediately begin the administration of medically appropriate
Life-sustaining procedures.
(2) Immediately dispatch Emergency medical services for transport
to Berkeley Medical Center or other facility of your choice.
(3) Inform medical facility of pending transfer and assist with transfer
as necessary
(4) Provide necessary information to accepting facility for
continuation of care.

Please read this form carefully. Your signature on the following page is required as a condition to the receipt of care in this facility.

I have read and understand this notice, I also understand that my signature below constitutes acceptance of the terms of this notice as a condition to my receiving medical and surgical care at TSSC.

_____
Patient Signature/ Medical Power of attorney

_____ _____
Witness Signature Date