



ARIZONA ADVANCE DIRECTIVE FOR HEALTH CARE PLANNING

An Advance Directive for Health Care or Living Will is a written statement that expresses your wishes about medical treatment that would delay death from a terminal condition. It also applies to situations of persistent vegetative state or irreversible coma. A Living Will would speak for you in the event that you were unable to communicate. It gives direction and guidance to others, but is not as broadly applicable as a Durable Health Care Power of Attorney. For example, a Living Will does not permit health care providers to stop tube feeding - only an agent appointed by a Durable Health Care Power of Attorney or a court-appointed guardian may make such a decision. You can have a Living Will and a Durable Health Care Power of Attorney but if you sign both you must attach a copy of your Living Will to the Durable Health Care Power of Attorney.

The Arizona Advance Directive Registry was created in May 2004 by the Arizona State Legislature. The Registry is a database for the storage of advance directives (Living Will, Medical Power of Attorney, and Mental Health Power of Attorney). The Arizona Secretary of State oversees Registry filings, its security, and its operations. Health care providers may use the Registry to look up registered directives using the information provided to them by the registrant or the registrant's loved ones. Further information and access to the Registry is available on the Secretary of State's Web site at www.azsos.gov or by calling 602.542.6187 or toll free 800.458.5842. Please request information at the following:

Office of the Attorney General of Arizona

2005 N Central Avenue

Phoenix, Arizona 85004

Direct Line: 602.542.2123 **Toll Free:** 800.352.8431

Fax: 602.364.1970

www.azag.gov

You can also get the Arizona Advanced Care (Living Will) and all other POA forms online at: https://www.azag.gov/sites/default/files/docs/seniors/life-care/2020/2020_LCP_Complete_Packet-New-fillable_2.pdf

Either fill out online and print or print and hand write in the form if you do not want to type all of the information into your browser. If you do not have access to a personal computer or printer capabilities and would like a copy of the **Advance Directive for Health Care or Living Will** form ask a Canyon Surgical Center staff associate for a printed copy.

I acknowledge that I have been given the appropriate information regarding the **Arizona Advance Directive for Health Care Planning** and the registry database storage at the Office of the Arizona Secretary of State.

☐ **I DO NOT HAVE AN ADVANCE DIRECTIVE**

☐ **I DO HAVE AN ADVANCE DIRECTIVE**

Patient Name: _____ Date: _____

Signature: _____