

**NEVADA**



**Legal Documents  
To Assure Future Health Care Choices**

## A SUMMARY STATEMENT OF HEALTH CARE POLICIES REGARDING PATIENTS' RIGHTS OF SELF-DETERMINATION

*(Since a summary like this cannot answer all possible questions or cover every circumstance, you should discuss any remaining questions with a representative of this health care facility.)*

1. Prior to the start of any procedure or treatment, the physician shall provide the patient with whatever information is necessary for the patient to make an informed judgment about whether the patient does or does not want the procedure or treatment performed. Except in an emergency, the information provided to the patient to obtain the patient's consent shall include, but not necessarily be limited to, the intended procedure or treatment, the potential risks, and the probable length of disability. Whatever significant alternatives of care or treatment exist, or when the patient requests information concerning alternatives, the patient shall be given such information. The patient shall have the right to know the person responsible for all procedures and treatments.

2. The patient may refuse medical treatment to the extent permitted by law. If the patient refuses this treatment, the patient will be informed of the significant medical consequences that may result from such action.

3. The patient will receive written information concerning his or her individual rights under Nevada state law to make decisions concerning medical care.

4. The patient will be given information and the opportunity to make advance directives--including, but not limited to, an Nevada Living Will Declaration, a Durable Power of Attorney for Health Care, and a Physician Order for Life-Sustaining Treatment.

5. The patient shall receive care regardless of whether or not the patient has or has not made an advance directive.

6. The patient shall have his or her advance directive(s), if any has been created, made a part of his or her permanent medical record.

7. The patient shall have all of the terms of his or her advance directive(s) complied with by the health care facility and caregivers to the extent required or allowed by Nevada law.

8. The patient shall be transferred to another doctor or health care facility if his or her doctor(s), or agent of his or her doctor(s), or the health care facility cannot respect the patient's advance directive requests as a matter of "conscience".

9. The patient shall receive the name, phone number and address of the appropriate state agency responsible for receiving questions and complaints about these advance directive policies.

## WALLET CARDS FOR NEVADA ADVANCE DIRECTIVES

Complete and cut out the cards below. Put the cards in the wallet or purse you carry most often, along with your driver's license or health insurance card. **NOTE: Please be sure to make a copy of page 1 of 1 (the reverse of this one) before cutting these wallet cards or you will be cutting out the Nevada Living Will Declaration.**

✂

**ATTN: NEVADA HEALTH CARE PROVIDERS**

\_\_\_\_\_  
(Your Name)

I have created the following **Advance Directives**:  
(Check one or more)

\_\_\_\_\_**Nevada Living Will Declaration**

\_\_\_\_\_**Durable Power of Attorney for Health Care**

\_\_\_\_\_**Physician Order for Life-Sustaining Treatment**

Please contact \_\_\_\_\_  
(Name)

at \_\_\_\_\_  
(Address)

and \_\_\_\_\_  
(Telephone) for more information.

✂

**ATTN: NEVADA HEALTH CARE PROVIDERS**

\_\_\_\_\_  
(Your Name)

I have created the following **Advance Directives**:  
(Check one or more)

\_\_\_\_\_**Nevada Declaration**

\_\_\_\_\_**Durable Power of Attorney for Health Care**

\_\_\_\_\_**Physician Order for Life-Sustaining Treatment**

Please contact \_\_\_\_\_  
(Name)

at \_\_\_\_\_  
(Address)

and \_\_\_\_\_  
(Telephone) for more information.

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