

Advanced Care Directive Consent Form Explanation

Date: _____

To Whom It May Concern,

This letter serves to explain the Advanced Care Directive Consent Form that I am submitting. An Advanced Care Directive is a legal document that allows individuals to outline their healthcare preferences in the event that they are unable to communicate their wishes due to illness or incapacity.

By signing this form, I am expressing my consent to have my healthcare treatment and management decisions made according to my preferences outlined in the directive. This includes, but is not limited to, my wishes regarding the use of life-sustaining treatments, pain management, and end-of-life care.

I understand that this directive will be used by my healthcare providers and family to guide the decisions they make on my behalf should I be unable to voice my preferences. I acknowledge that I have had the opportunity to discuss this directive with my healthcare provider and have addressed any questions or concerns.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Contact Information]