

**MY DIRECTIVE REGARDING HEALTH CARE  
INSTITUTIONS REFUSING TO HONOR MY  
HEALTH CARE CHOICES**

I understand that circumstances beyond my control may cause me to be admitted to a health care institution whose policy is to decline to follow Advance Directives instructions that conflict with certain of their religious or moral teachings.

If I am an inpatient in such a religious-affiliated health care institution when my Advance Directives come into effect, I direct that my consent to admission shall not constitute implied consent to procedures or courses of treatment mandated by ethical, religious or other policies of the institution, if those procedures or courses of treatment conflict with my Advance Directives.

Furthermore, if the health care institution in which I am a patient declines to follow my wishes as set out in my Advance Directives, I ask that I be transferred in a timely manner to a hospital, nursing home or other institution which will agree to honor the instructions set forth in my Advance Directives.

I hereby incorporate this provision into my Advance Directives for health care decisions.

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Signature

Date \_\_\_\_\_