I understand that circumstances beyond my control may cause me to be admitted to a healthcare institution whose religious or moral policy conflicts with instructions in my advance directive.

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 this advance directive.

Furthermore, I direct that if the healthcare institution in which I am a patient declines to follow my wishes as set out in my advance directive, I am to be transferred promptly to a hospital, nursing home or other institution that will agree to honor the instructions set forth in this advance directive.

My preferred choices of medical facility to which I’d like to be admitted or transferred are:

1. 

2. 

3. 

I hereby incorporate this provision into my advance directive and into any other previously executed documents to guide healthcare decisions.

_________________________________________  ____________________
Signature                                               Date

_________________________________________  ____________________
Witness Signature                                      Date