

Consent To Participate

I _____
(print name)

authorize the video taping of my Advance Directive and thus consent to my participation in the In My Own Words Advance Directive Video Service.

I am recording my Advance Directive to fully and clearly express my wishes for my care should I be unable to articulate them myself at a later date. My intention is to clarify my wishes for my care so that my family, my doctor, my attorney, or other representatives will be able to follow my instructions and implement them to the best of their ability.

My signature indicates my consent for these procedures and guarantees my financial responsibility.

(signature)

(date)

(date of birth)

(social security number)