

HYGEIA COUNSELING SERVICESSM

a d u l t p s y c h o t h e r a p y



Advance Directive Sign-Off (Medicaid)

I have reviewed information on making an advance directive. I have been offered a copy of a blank advance directive.

I choose to:

_____ Decline assistance with an Advance Directive.

_____ Accept assistance with an Advance Directive.

Client Signature

Date

Therapist Signature

Date

Version 01/02/11