



## ADVANCE DIRECTIVE / POWER OF ATTORNEY FOR HEALTH CARE RECEIPT

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Print)*

- Power of Attorney for Health Care
- Living Will and/or Declaration to Physicians
- Statement of Incapacity
- Other \_\_\_\_\_

Mosaic Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print)*



Thank you for bringing in your advance directive document. What happens next:

Your document will be sent to our scanning department where it will be reviewed.

- **If the document is valid/accepted:** you won't hear anything further from us. Your document will be on file at Mosaic Family Health, ThedaCare and Ascension.
- **If we have questions about the document:** someone from Mosaic Family Health will follow up with you.

For additional information

Fox Valley Advance Care Planning Partnership (FVACPP)

[www.FVACPP.org](http://www.FVACPP.org)

920-997-8412

**Reference Wisconsin Statutes: §154 Advance Directives and §155 Health Care Power of Attorney**  
WI Statute 155.60(3): Upon receipt of a power of attorney for health care instrument or a statement of incapacity under s 155.05(2), a health care facility or health care provider shall acknowledge this receipt in writing and, if the principal is a patient of the health care provider, the health care provider shall include the instrument or the statement in the medical record of the principal.