

Patient-Initiated Request For Transfer

Notice of Hospital Responsibilities:

You are hereby notified that this hospital has the following responsibilities under the law,
REGARDLESS OF THE PATIENT'S MEANS OR ABILITY TO PAY::

- This hospital must provide a medical screening examination to any person presenting at the emergency services of the hospital seeking care to determine whether the patient suffers from an emergency medical condition, including that associated with pregnancy, symptoms of substance abuse, or psychiatric conditions
- In the event that an emergency medical condition exists, this hospital must provide such additional examination and treatment to stabilize the medical condition, including in cases of pregnancy with contractions present to deliver baby and placenta , within its capabilities.
- In the event that a patient requires transfer for services not available at this hospital, the hospital must provide certification by a physician that the risks of transfer are outweighed by the benefits, must obtain your consent to transfer, and must make arrangements for transfer to a facility capable of providing the needed care or services that has agreed to accept you as a transfer patient. You must be transferred by appropriate medical vehicle with necessary personnel and life support equipment.
- If you request a transfer, the hospital must disclose this information to you and obtain your written request . This form is provided to comply with that requirement.

Notice of Risk of Transfer:

[] **AGAINST MEDICAL ADVICE**

The following risks are possible as a result of transfer:

In addition, all transfers have the inherent risk of traffic delays, accidents during transfer, inclement weather, rough terrain or turbulence. Care during transfer is limited to the personnel and equipment in the transport vehicle, which may be less effective than similar events in a hospital. All of these may pose a **threat to you health and safety, up to and including possible death or permanent disability.**

I hereby request transfer to _____

Date _____ TIME _____

SIGNATURE