

Informed Consent to Refuse

Examination Treatment Transfer Ambulance transfer

understand that the hospital has offered:

- To examine me (the patient) to determine whether I am suffering from an emergency medical condition;
- To provide necessary treatment to care for and stabilize my condition;
- To provide a medically appropriate transfer to another facility capable and willing to provide care that is not available at this facility;
- To provide transfer by AMBULANCE or AIRCRAFT

The hospital and physician have informed me that the **benefits** that might reasonably be expected from the offered services are:

and the **risks of refusing** these services are:

This refusal is **AGAINST THE MEDICAL ADVICE OF MY PHYSICIAN**

I understand that my refusal may result in a worsening of my known condition and any conditions currently unknown and could pose a threat to my life, my health, and my medical safety, including death or permanent disability. I HEREBY REFUSE THE OFFERED SERVICES:

Signature _____ Date _____ Time _____
PRINT name _____ Date of Birth _____
Address _____
City _____ State _____ ZIP _____

If signed by someone other than the patient:

Patient is unable to sign because _____