



Patient Label

AMA Form HIM #901s

REFUSAL OF MEDICAL SCREENING, TREATMENT OR TRANSFER / STATEMENT OF PATIENT LEAVING AGAINST MEDICAL ADVICE

I understand that _____ (entity) has offered (check each that applies):

- To provide a medical screening (only applies to patients presenting in the Emergency Department)
To provide medical treatment for my condition
To provide a medically appropriate transport to a hospital or emergency room

_____ (entity) and the physician(s) or other health care providers have informed me of the risks that might be reasonably expected from the failure to obtain a medical screening, medical treatment for my condition, and/or transport to another facility.

I acknowledge that I have been informed of _____ (entity)'s obligations under federal law to provide patients presenting to the Emergency Department a screening examination and indicated stabilizing treatment, as well as informing them of the risks and benefits of consenting to or refusing such examination or treatment.

I understand that if I refuse the offered medical screening, medical services, and/or a medically appropriate transport, I am doing so against medical advice. I understand that my refusal may result in a worsening of my condition and could pose a threat to my life, health and/or medical safety. I understand that I may return to _____ (entity) at any time. I choose to refuse the offered services and/or transport. I hereby knowingly assume the risks and consequences of such refusal and release _____ (entity), its employees, officers, and agents from any and all claims, costs, or other liability whatsoever which might arise from this refusal to accept offered medical screening, treatment or transfer.

Signature of patient (or person authorized to sign for patient): Date: Time:
Printed name: Relationship to patient:
Address (including City/State/Zip):
Witness Signature: Date: Time:
Printed name:



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Provider's Documentation (to be used only if a provider is involved in the process)

- The patient is capable of understanding risks and benefits of refusing medical screening, treatment and/or transfer
- Alternative treatments have been discussed with patient

The patient's family members:

- Have been involved
- Have not been involved
- The patient does not want family members involved

Provider's signature:	Date:	Time:
Printed name:		

REFUSAL to Sign Form

The patient or authorized representative was offered, but refused to sign this form after an explanation of his/her rights and the risks and benefits of the services offered.

Signature of hospital representative who witnessed refusal to sign:	Date:	Time:
Printed name:		

