



Patient Decisions Against Medical Advice

I confirm that a health professional has explained to me the risks and benefits of my refusal to follow medical advice regarding my desire not to consent to the emergency treatment or transfer described below.

I have selected the appropriate box.

- ☐ **Refusal to Consent to Examination / Treatment:** A health professional has advised me of the need for further medical examination and treatment within the capabilities of the Trinity Medical Management, L.L.C. ("Trinity") staff. I understand fully that refusal of this treatment may jeopardize my health or life, but it is my wish that my refusal be honored. I understand that this treatment would be provided by Trinity were it not for my refusal and that my refusal of such treatment is my own decision and against the advice of the health professional.

The treatment(s) that I have refused include:

I understand that the risks to me of my refusal to consent to further examination and/or treatment may be:

The healthcare provider has explained to me fully that the benefit(s) of further examination and/or treatment may include: _____

My reason for refusal is:

- ☐ **Refusal to Consent to Transfer:** A health professional has explained the risks and benefits of my refusal to consent to be transferred from my present location to a hospital or to another treatment facility. This person has advised me of his or her recommendation for further medical examination and treatments within the capabilities of the staff and facilities available at such hospital or treatment facility. I understand fully that my refusal to transfer may jeopardize my health or life, but it is my wish that my refusal be honored.

I have been advised that the reason that transfer is recommended is:

I understand that the risks to me of my refusal to consent to transfer may be:

My reason for refusal to consent to transfer is:

I hereby release and hold Trinity and the health care personnel attending me harmless from any damages caused, related to or arising from, whether directly or indirectly, my failure to continue medical evaluation, treatment, and/or transfer as recommended, and from any liability that I might assert against any of them for not providing the treatment or transfer described herein. Furthermore, I agree to accept full responsibility for the consequences of my refusal of treatment and/or transfer.



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I consent to Trinity's releasing any medical information requested by my employer or by my medical providers. I acknowledge that I am aware that I am entitled to a copy of Trinity's Notice of Privacy Practices. A copy is available for my review in the infirmary/sick bay. Upon my request a copy will be furnished to me.

Patient or Legally Authorized Representative

Relationship to Patient

Date

I have explained to the patient the nature of his (her) illness, injury or disease and the need and advisability of further examination, treatment and/or transfer to a hospital or treatment facility, together with the known risks of discontinuing medical care/treatment at this time. Furthermore, I have offered the patient the opportunity to ask and have answered all questions regarding his (her) condition, the need for continued treatment and the possible risks associated with prematurely discontinuing treatment and/or refusal to be transferred to a hospital or treatment facility to receive further treatment. Nevertheless, the patient has decided to refuse to be examined further, to continue current treatment and/or to consent to transfer, and the patient has reiterated his (her) desire and intention to refuse treatment and/or transfer against medical advice.

Health Professional's comments:

Diagnosis: _____

Treatment Plan:

Possible Risks:

Health Professional Signature

Health Professional Providing Information

Date

() Patient refused to sign

() Patient failed to sign

Witness

Date