



**PATIENT DECISION AGAINST MEDICAL ADVICE**

A medical provider has explained the risks and benefits of my refusal to follow medical advice regarding consent to the treatment, emergency treatment, transfer, or discharge against medical advice described below.

**Refusal To Consent to Examination/Treatment:**

A medical provider has advised me of the need for further medical examination and treatment within the capabilities of the staff and facilities available at Valley-Wide Health Systems. I fully understand that refusal of this treatment may jeopardize my health or life, but it is my wish that this refusal be honored. I understand that this treatment would be provided at Valley-Wide Health Systems were it not for this refusal.

Treatment Refused: \_\_\_\_\_

Risks of Refusal to Consent to Examination/Treatment/Transfer: \_\_\_\_\_

Benefits of Examination/Treatment: \_\_\_\_\_

Reason for Refusal: \_\_\_\_\_

**Refusal to Consent to Transfer:**

A medical provider has explained the risks and benefits of my refusal to consent to transfer to a hospital. This person has advised me of the need for further medical examination and treatments within the capabilities of the staff and facilities available at a hospital. I fully understand that refusal to transfer or be transferred by EMS personnel may jeopardize my health or life, but it is my wish that this refusal be honored.

Reason for Transfer: \_\_\_\_\_

Risk of refusal to consent to transfer/EMS: \_\_\_\_\_

Reason for Refusal: \_\_\_\_\_

I hereby release and hold Valley-Wide Health Systems, Inc. and the health care personnel attending the patient harmless from any liability that might assert against them for not providing the treatment or transfer described herein.

---

Patient or Legally Authorized Representative	Relationship to Patient	Date
--	-------------------------	------

---

Medical Provider Providing Information	Witness	Date
--	---------	------