

**PETERSON REGIONAL MEDICAL CENTER**  
**Refusal of Advised Medical Care/**  
**Refusal of Medical Screening Exam**  
**(AMA form)**

**Hospital Department** \_\_\_\_\_

**INFORMED REFUSAL**

- Informed refusal of treatment
- Patient Leaving Hospital Against Medical Advice (AMA)
- Informed Refusal of Medical Screening Exam/or Left With out Being Seen
- Other

**RECOMMENDATIONS**

My health care provider(s) strongly recommend(s) that I (check all that apply)

- Be assessed and receive treatment for a possible emergency medical condition
- Receive the following treatment: \_\_\_\_\_

**RISKS, BENEFITS AND ALTERNATIVES TO REFUSAL**

My health care provider(s) have satisfactorily discussed the risk, benefits and alternatives of the recommendations above and the probable consequences that may occur as a result of my refusal.

Possible risk include, **but are not limited to:**

- A delay in treatment that may seriously endanger my health and/or cause permanent disability or even death.**
- If I am pregnant, a delay in treatment that may seriously endanger the health of my unborn child or cause the death of my unborn child.**

\_\_\_\_\_

\_\_\_\_\_

**Informed Refusal/Release from Liability**

I have had the opportunity to ask questions about the proposed recommendation(s) and have had these answered to my satisfaction. I refuse to follow the recommendations above.

I fully understand the risks, benefits and alternatives of the recommendations. I understand if I change my mind or my condition gets worse, I may seek medical assessment, treatment, or transportation by calling my doctor, or going to the nearest Emergency Department or by calling 911. **I assume all responsibility for what happens to me and if I am pregnant, to my unborn child as a result of my decision to refuse the recommendations above.** I hereby release Peterson Regional Medical Center and any and all persons and entities affiliated with the same from any and all liability which arises now or may arise in the future as a result of my decision to refuse the recommendations above. This release from liability is binding upon me and all parties acting on my behalf or on behalf of my estate

- Patient competent to refuse care**    **Patient refused to sign**    **Patient left without signing**

\_\_\_\_\_  
**Patient/patient representative signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to patient**

\_\_\_\_\_  
**Witness Signature**  
SPF 529-16

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**