



# REFUSAL FORM/RELEASE OF RESPONSIBILITY

Date: \_\_\_\_\_ EMS Agency & Unit #: \_\_\_\_\_ Incident #: \_\_\_\_\_

I \_\_\_\_\_ (patient or approved health care decision maker) understand that Emergency Medical Services (EMS) personnel are not physicians and are not authorized to make a medical diagnosis, and their care is not intended to be a substitute for a complete medical assessment and/or care by a physician.

I have made the decision not to accept further medical assessment, care, and/or transportation to a hospital emergency room as offered by EMS, with the understanding that I may have medical conditions or complications unknown or unforeseen at this time. I understand that I may change my mind and call 911 to request further assessment, care, or transport by EMS at a later time.

Knowing this information, I agree to release, indemnify, and hold harmless all EMS providers and their officers, members, employees, or other agents, and the base hospital from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act or omission of the EMS providers or their personnel, or the base hospital or their personnel.

I am refusing (check all that apply):

- Further medical assessment by EMS personnel
- Specific medical treatment by EMS personnel (treatment refusing: \_\_\_\_\_)
- Transport by EMS personnel or transport to a hospital recommended by EMS personnel

In addition, I acknowledge that any Covered Entities, as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), provided me with, or a reasonable attempt was made to provide me with, a copy of the Notice of Privacy Practices and my rights in accordance with the HIPAA.

### Release at Scene (RAS)

I have requested release from the care of EMS personnel who have conducted an assessment that has not revealed, at this time, any medical condition posing a risk of harm without further EMS evaluation, treatment, or transport. I understand and acknowledge that I may still have an injury or illness that could get worse without medical attention, even though that is not apparent at this time.

### Refusal of Care and/or Transportation Against Medical Advice (AMA)

I refuse medical treatment and/or transportation against the medical advice of: \_\_\_\_\_ (EMS provider). I acknowledge that I have been informed of and understand the risks and consequences involved in refusing recommended medical care, including, but not limited to, the development of other symptoms or conditions or potential worsening of my condition up to and including the possibility of disability or death.

Patient Name (Print): _____	Date of Birth: _____
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Patient Signature:     Patient     Legal Guardian or Approved Surrogate Health Care Decision Maker

Name (Print) _____	Signature _____	Date _____
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Witness Signature:     Family Member or Close Contact     Law Enforcement Officer     EMS Personnel

Name (Print) _____	Signature _____	Date _____
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EMS Provider Comments: \_\_\_\_\_

EMS Provider Signature: \_\_\_\_\_

Name (Print) _____	Signature _____	Date _____
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All assessments, findings, and steps taken during the termination of the Provider/Patient relationship in accordance with YEMSA Policy Patient Refusal of Treatment/Transport must be documented in an approved Patient Care Report (PCR).