Sample - Leaving the Hospital Against Medical Advice Form

I, ____________________________________________________________________________________________, a current patient at [insert name of facility], acknowledge that I have been informed of and understand that leaving [insert name of facility] is against the advice of my attending physician and/or other hospital staff members because leaving could be detrimental to my health.

1. I have been informed of and understand the possible health risks/complications that may result from my leaving [insert name of facility] at this time, including death and serious impairment. Other significant risks may include: __________________________
   I acknowledge that this is not an all-inclusive list of risks, as some risks may be unknown at this time.

2. I accept the risks and consequences of my decision to leave [insert name of facility] at this time and hereby release [insert name of facility] and all of its healthcare providers from any liability resulting from any adverse medical conditions or consequences caused by my refusal of medical care and/or my desire to leave [insert name of facility].

3. I understand that depending upon my insurance, my insurance company may not pay for my hospital expenses and I will be held responsible to pay what I have incurred in hospital expenses.

4. I have read and fully understand this document.

________________________________________  Witness

Signature of Patient/Legal Representative  Date

REFUSAL
On ________________, ________________________________:
   Date  Name of Patient
   □ Left the facility without signing the above release
   □ Left the facility without allowing a physician or designee to provide full medical advice

________________________________________
Physician/Nurse Signature

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