

ALAMEDA COUNTY EMS – REFUSAL OF CARE FORM

CRITERIA FOR REFUSING CARE

The patient meets all of the following

1. Is an adult (18 or over), or if under 18 legally emancipated
2. Is oriented to Person, Place, Time, and Situation.
3. Exhibits no evidence of:
 - Altered level of consciousness
 - Alcohol or drug ingestion that impairs judgment
4. Understands the nature of the medical condition, as well as the risks, and consequences of refusing care.

Patient's Name: _____ Date: _____

Incident #: _____ Incident Location: _____

ACKNOWLEDGMENT OF INFORMATION

I have been offered an evaluation, medical care and/or transportation to a medical facility; however, I am refusing the services offered. I have been advised and understand the risks and consequences of refusing care/transport, including the fact that a delay in treatment and/or transport by means other than an ambulance could be hazardous to my health, and under certain circumstances, include disability and/or death.

RELEASE OF LIABILITY

By signing this form, I am releasing the County of Alameda, the responding Provider Agency(ies), and the Base Hospital (if contacted) of any liability or medical claims resulting from my decision to refuse the medical care/transport offered.

I have read and understand the "Acknowledgment of Information" and "Release of Liability".

Signature: _____ Refused to sign

Relationship (if not the patient): Lawful: parent guardian conservator (pertains to a **child or dependent only**)

Base Hospital Physician contacted _____ (name)

Telephone consent/refusal obtained. Witnessed by: _____ (name)

This form was read to the individual by: _____ (name)

Interpreter used: _____ (name)

DISPOSITION:

Released in care or custody of self.

Released in custody of law enforcement

Agency: _____

Badge #: _____

Released in care or custody of:

Parent Guardian

Other: _____

INSTRUCTIONS

1. **If you change your mind or your condition changes call 9-1-1 (in an emergency), go to an emergency department in your area, or call your private doctor (if appropriate).**

2. _____

3. _____

FORM COMPLETED BY: _____ I.D. #: _____

signature

Witness Information

Signature: _____ Name _____

printed

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____ Driver's License #: _____