

REFUSAL TO CONSENT AND RELEASE

Consent-E
Refusal to Consent and Release



IDN13150170

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

1. I have been advised by my physician, Dr. _____
that the following procedure(s)/treatment(s) should be performed upon me:

procedure(s)/treatment(s)

2. My physician has explained to me, and I understand the following:
- A. The nature of the recommended procedure(s)/treatment(s).
 - B. The purpose of and need for the recommended procedure(s)/treatment(s).
 - C. The possible alternatives to the recommended procedure(s)/treatment(s) for which I similarly refuse consent.
 - D. The probable consequences of not proceeding with the recommended procedure(s)/treatment(s) and/or alternatives.

3. I have read the information sheet entitled (if no information sheet is provided, leave blank).

4. I personally assume the risks and consequences of my refusal, and release myself, my heirs, executors, administrators, or personal representatives, the physicians who have been consulted in my case and Rush University Medical Center, its officers, agents, and employees from any and all liability for ill effects which may result from my refusal to consent to the performance of the proposed procedure(s)/treatment(s).

5. I acknowledge that I have read this document in its entirety and that I fully understand it.

CAUTION -- THIS IS A RELEASE OF LIABILITY -- READ BEFORE SIGNING

DATE: _____

Signature of Refusing Party

TIME: _____ A.M. / P.M.

WITNESS:

IF REFUSING PARTY IS OTHER THAN PATIENT:

Signature of Witness

Signature of Refusing Party

Relationship

(See reverse side for instructions)

RUSH UNIVERSITY MEDICAL CENTER
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INSTRUCTIONS: This refusal to consent form should be signed by the patient or authorized party if he/she refuses any surgical procedure or medical treatment recommended by his/her physician. If the patient or authorized party not only refuses the procedure(s)/treatment(s) but also refuses to sign this form the following should be completed.

_____ was provided the information
Name of Refusing Party

referred to in paragraph 2 on the reverse side but nevertheless refused to consent to the recommended procedure(s)/treatment(s) referred to in paragraph 1 on the reverse side and furthermore refused to sign this form documenting his/her refusal.

DATE: _____

TIME: _____ A.M. / P.M.

Signature of Person Receiving Refusal