

UMHHC Policy 62-10-001 Informed Consent
EXHIBIT 2

PATIENT'S RELEASE FORM FOR
REFUSAL OF BLOOD OR TREATMENT

I, _____, refuse to allow anyone to
(patient's name)

(here insert prohibitions)

The risks attendant to my refusal have been explained to me, and I understand that I will in all probability need _____

_____ (here insert needs)

and that if the same is not done, my chances for regaining normal health are seriously reduced, and that, in all probability, my refusal of such treatment or procedure will seriously imperil my life.

I release the Hospital, its personnel and other persons participating in my care from any responsibility for respecting and following my express wishes and directions.

(witness)
_____ a.m. p.m.
(date) (time)

(patient's signature)

Because the above patient is an unemancipated minor, _____ years of age, this release is given on the patient's behalf by:

(witness)
_____ a.m. p.m.
(date) (time)

(parent or guardian)

(parent or guardian)

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