

**NORTHWEST COMMUNITY EMS SYSTEM
RELEASE OF LIABILITY
and
ACKNOWLEDGED RECEIPT of NOTICE OF PRIVACY PRACTICES**

EMS Agency:	Date:
Incident location:	EMS Incident #:
Name: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;">LastFirstMI</div>	Home address:
Date of birth: Gender: [] Male [] Female	Phone number: ()

I (or my guardian) have been informed regarding the state of my present physical condition to the extent I allowed an examination, and I (or my guardian) hereby refuse to accept such medical care and/or transportation as recommended by representatives of the EMS System listed above. I (or my guardian) do hereby for myself, my heirs, executors, and administrators and assigns forever release and fully discharge said EMS System, its officers, employees, medical consultants, hospitals, borrowed servants or agents from any and all conceivable liability that might arise from this refusal of care and/or transportation, and I (and my guardian) therefore agree to hold them completely harmless.

I (or my guardian) have been informed that a refusal of care and/or transportation for an evaluation may cause me to suffer pain, disability, loss of function, worsening of my condition, or even death as a result of my illness/injury. **As a competent adult, I (or my guardian), fully understand all of the above, and am/is capable of determining a rational decision on my own behalf. Patient/guardian to initial each line that applies below:**

INITIALS

STATEMENTS

- | | |
|--|--|
| | I am not ill or injured and am refusing EMS services and transportation to a hospital. |
| | I have been informed that from the history of my complaints, the mechanism of injury, or the findings of a physical exam, that I should receive emergency care and transportation to the nearest hospital for a more detailed evaluation by an emergency physician. I am refusing any further assessment and/or care at this time. |
| | I am refusing transportation to a hospital. |
| | I have been instructed to contact a physician for an examination and/or treatment if my condition changes in any way. |
| | The EMS System has recommended transport to: _____ |
| | I am refusing transportation to that hospital and am requesting transportation to: _____ |
| | I have been informed of the jurisdictional limitations of the responding EMS vehicle(s) and am accepting alternative transportation by: _____ |
| | I am aware that the responsibility for any charges incurred is mine. |
| | Acknowledged receipt of NOTICE OF PRIVACY PRACTICES |
| | I acknowledge that I have received from the responding EMS agency a copy of their Notice of Privacy Practices |

PRINT NAME of person refusing care/transportation

Patient/guardian signature

REFUSAL TO SIGN RELEASE STATEMENT and/or Acknowledged receipt of NOTICE OF PRIVACY PRACTICES

- [] The above patient was given full disclosure of risks relative to refusing care and/or transportation and was asked to read and sign the Release of Liability Statement. The patient or person authorized to give or withhold consent for the patient, continued to refuse treatment and/or transportation and also refused to sign the Release of Liability statement.
- [] The above patient refused to initial/sign the Acknowledgement of Receipt of Notice of Privacy Practices

EMS Signatures

The patient's mental status at this time of this incident was alert and oriented to person, place, and time. They appropriately answered all questions and there was no evidence of impairment.

Witness (Signature EMT-B, EMT-P, or PHRN)

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Original to patient/Copy to EMS Provider