

Refusal of Patient Treatment / Transport

0608 rev

Incident # _____

Medic Name _____

CRITERIA FOR REFUSAL OF Transport (MUST BE COMPLETED ON ALL PATIENTS)

Is the patient less than 18 years of age and Parent or Guardian is unavailable	☐ Yes	☐ No
Is the patient disoriented to person, place or time	☐ Yes	☐ No
Is there any evidence of new onset altered mental status	☐ Yes	☐ No
Is there any suspicion of alcohol or drug intoxication	☐ Yes	☐ No
Is there any barrier to communications or the patient's ability to understand all information about their condition and make an informed decision about refusal of care and the possible consequences?	☐ Yes	☐ No
Is there any evidence that the patient desires to harm themselves or others	☐ Yes	☐ No

If YES has been selected for any of the above boxes and the patient refuses transport, the patient may not have adequate decision making capability and law enforcement should be contacted for patient disposition. Continued attempts to get consent to transport should be made.

Patient/ Guardian/ Power of Attorney Advised/ Informed

Check and have the Patient/ Authorized Patient Representative initial all applicable statements

Patient has been advised and understands that:

- ☐ _____ transport by any means other than ambulance could be hazardous and is not recommended based upon their current condition/ complaint or specific illness/ injury.
- ☐ _____ significant risk is associated with refusal of treatment and transportation. The possible consequences include but are not limited to: ☐ worsening of current injury/ illness ☐ loss of limb use/paralysis ☐ brain injury ☐ loss of vision, hearing or other senses ☐ coma ☐ death.
- ☐ _____ they have the right to refuse pre-hospital treatment and/or transport to an appropriate medical facility after being informed of the possible complications and understands the risks involved in refusal of care.
- ☒ _____ it is the recommendation of Acadian Ambulance Service that they be transported by ambulance to the closest appropriate medical facility accepting patients in Patient's condition for further evaluation and treatment.
- ☐ _____ if the patient's condition worsens; they should immediately contact 911 and be transported to the closest appropriate hospital accepting patients in Patient's condition.

Patient Signature

Refusal Form Number 958065

Acadian Ambulance Service Refusal of Transportation

I, the undersigned, voluntarily acknowledge and state that I refuse transportation to the most appropriate medical facility for ☐ myself ☐ minor child ☐ other _____, to preserve life/ limb or promote recovery of health. I acknowledge that I have been advised by representatives of Acadian Ambulance Service that transportation is recommended. I have been given the opportunity to ask questions and had the answers and risks associated with refusal satisfactorily explained to me. I do hereby for myself, my heirs, executors, administrators and assigns forever release and fully discharge said ambulance service, its officers, employees, medical consultants, hospitals, servants or agents from any and all liability in the premise and I agree to hold them harmless. I further understand that I should immediately contact Acadian Ambulance Service or dial 911 if there is any change in my condition or if other medical care is required. I acknowledge receipt of Acadian Ambulance Service's Notice of Privacy Practices. I also acknowledge that I am responsible for any charges incurred as a result of the ambulance response and treatment provided prior to my refusal of transport.

Patient / Patient Representative Signature _____ Date _____

Print Patient's Name _____

Witness Signature (must be at least 18 years of age) _____

Print Witness Name _____ Phone or Badge Number _____

Patient refuses to sign form ☐ _____

Date ____/____/____

Medic Signature