A Sample Informed Refusal of Care Form
for Healthcare Business Owners

Patient name: ____________________________ Date: ____________

ID#: ____________________________ Date of Birth: ____________

This is to certify that I, (Patient Name) ____________________________,

a patient at (Healthcare Business) ____________________________,

am knowingly refusing treatment against the medical advice of (Provider Name) ____________________________

I am refusing the following:

☐ Medical Examination
   I have made the decision to leave prior to being examined by a healthcare provider.

☐ Continuation of Care After Medical Screen
   I understand that I do not have an emergency medical condition and acknowledge that I have not been refused treatment.

☐ Test or Treatment
   I am refusing to undergo the following tests and/or treatments: ____________________________,
   and the risks of doing so have been explained to me.

☐ Remaining in the Facility
   I refuse further care and am leaving the facility against the advice of my provider.

☐ Other ____________________________

I understand that my refusal of treatment and care has been documented in my medical record. I have been informed of the risks involved, including a possible worsening of my medical condition. I assume all risks of this refusal and release my treating providers from all responsibility and liability for any ill effects that may result from such refusal of treatment and care.

Patient signature: ____________________________ Date: ____________

Witness: ____________________________ Date: ____________

Witness: ____________________________ Date: ____________

I declare that I have personally explained to the patient the risks and potential consequences of his/her decision, described the benefits of treatment and presented alternative therapeutic possibilities, if any exist.

Provider: ____________________________ Date: ____________
Healthcare Perspective is a limited-edition publication for healthcare business owners. This series explores a range of relevant risk management concepts and offers strategies to detect and mitigate risks.

Published by CNA. For additional information, please contact CNA at 1-888-600-4776. The information, examples and suggestions presented in this material have been developed from sources believed to be reliable, but they should not be construed as legal or other professional advice. CNA accepts no responsibility for the accuracy or completeness of this material and recommends the consultation with competent legal counsel and/or other professional advisors before applying this material in any particular factual situation. This material is for illustrative purposes and is not intended to constitute a contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice.

“CNA” is a service mark registered by CNA Financial Corporation with the United States Patent and Trademark Office. Certain CNA Financial Corporation subsidiaries use the “CNA” service mark in connection with insurance underwriting and claims activities. Copyright © 2015 CNA. All rights reserved.

Healthcare Providers Service Organization and Nurses Service Organization are registered trade names of Affinity Insurance Services, Inc. (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc. (0594493), Aon Direct Insurance Administrators and Berkely Insurance Agency; and in NY, AIS Affinity Insurance Agency.

Published 9/15. Healthcare Perspective 2015-7 Supplement.