



REFUSAL OF SERVICES RELEASE

- () I understand what has been explained to me about my (the patient's) current medical problem(s) and / or injuries.
- () I realize that refusing treatment at this time or refusing transportation to the hospital for further evaluation and treatment could make my (the patient's) condition worsen and / or cause additional problems to develop including death or permanent disability.
- () I release all of those currently involved in my care (including ambulance personnel and their employers, fire agency personnel and their employers, Base Hospitals and their physicians, San Mateo County Pre-Hospital Emergency Medical Services Group, American Medical Response West, San Mateo County and their officers, agents and employees) from any liability (legal action) regarding the eventual outcome of the medical problem or injury for which I (the patient) am refusing treatment and / or transportation to the hospital.

DESCARGO DE RESPONSABILIDAD AL USAR LOS SERVICIOS

- () Yo, el paciente entiendo que me han explicado acerca de mis problema(s) médicos actuales y / o lesiones.
- () Yo, el paciente entiendo que el rechazo del tratamiento ahora o el rechazo del transporte al hospital para una evaluación adicional y tratamiento podría hacer que mi condición se empeore y / o el desarrollo de problemas adicionales incluyendo la muerte o incapacidad permanente.
- () Yo descargo a todos los implicados actualmente en mi cuidado (incluyendo el personal de la ambulancia y sus patrones, el personal de la agencia de incendios y sus patrones, hospitales bases y sus médicos, San Mateo County Pre-Hospital Emergency Medical Services Group, American Medical Response West, el Condado de San Mateo y sus oficiales, agentes y empleados) de cualquier responsabilidad (demanda legal) con respecto al resultado eventual del problema médico o lesión para la cual yo estoy rechazando el tratamiento y / o transporte al hospital.

Patient Name: _____
(PRINT)

Date: _____

Signature: _____
(PATIENT OR RESPONSIBLE PARTY)

Relation: _____

Date: _____

Witness #1: _____

Time: _____

Witness #2: _____

Time: _____

EMS PROVIDER USE

Patients Full Name _____

Date of Service _____

EMS Incident/Casenumbr _____



REFUSAL OF SERVICES RELEASE

Patient Name: _____
Last First MI

Paramedic Name: _____
(Print) Last First MI

Agency: _____

I have assessed the patient and informed the patient or other responsible third party of the risks of refusing ambulance transport in accordance with EMS Policy #Operations-21. (Check all that apply.)

- Alert/Oriented/Competent
- Meets Definition of Adult
- No influence of drugs/ETOH
- Benefits of transport/further evaluation explained
- Friend/Family with patient
- Advised follow up/contact 911
- Understands risks of refusal
- Refusal of Service Release form prepared
- Refusal of Service witnessed by signature
- Risks explained including _____

Paramedic Signature: _____