

INFORMED REFUSAL FORM

My provider, _____, has recommended the following test/procedure/medication/treatment: _____

He/she/they explained to me that the potential benefits of the test/procedure/medication/treatment include: _____

and that the risks are: _____

Despite my provider's recommendation, I **refuse to consent** to this test/procedure/medication/treatment. The provider has explained the following risks to my refusal. They include, but are not limited to: _____

By signing this document, I acknowledge that my medical condition _____

_____ has been evaluated and explained to me by my provider, who has recommended the test/procedure/medication/treatment as stated above, and that the provider has explained to me the potential benefits of such treatment and the risks associated with it, as well as the probable risks of not following the recommended plan for the test/procedure/medication/treatment, which I fully understand. In spite of this understanding, in exercising my personal right to choose what will be done to my body, I refuse to consent to this test/procedure/medication/treatment as I feel it is what is best for me. I understand that this refusal does not preclude any discussion with my provider about other test/procedure/medication/treatment alternatives that may become available to me for my specific medical condition as listed above.

_____	_____	_____	_____
Date	Time	Signature of Patient/ Authorized Individual	Printed Name of Signatory

Relationship of Authorized Individual to patient, if form not signed by patient: _____

- The patient/authorized individual has read this form or had it read to him/her/them.
- The patient/authorized individual states that he/she/they understands this information.
- The patient/authorized individual has no further questions.

_____	_____	_____	_____
Date	Time	Witness' Signature	Witness's Printed Name

Informed Refusal Form

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