



**RELEASE FROM LIABILITY FOR LEAVING
HOSPITAL AGAINST MEDICAL ADVICE**

Complete all necessary sections

I _____ acknowledge that I am leaving the hospital at my own request.
 Print First and Last Name Clearly

I have been informed of the risks to my health and/or life, which could result from my decision to leave the hospital against medical advice at this time.

These risks include, but are not limited to: _____

I assume all the risks and consequences for my decision to leave and release all physicians who have examined me or have been consulted in my care, the hospital and all of its staff from any liability for any risks, dangers or adverse outcomes which may result from decision to leave the hospital against medical advice.

I acknowledge that I have been informed of and accept the risks associated with my refusal to remain in the hospital, have read this document or had it read to me, had the opportunity to ask questions and had my questions answered and received instructions associated with my care.

_____	_____	_____
Signature of Patient	Date	Time

_____	_____	_____
Signature of Witness	Date	Time

_____	_____
Printed First and Last Name of Witness	Title or Relationship to Patient

The patient was provided information regarding possible consequences of leaving the hospital against medical advice.

A _____ Patient refused to sign.

B _____ Patient left hospital after being provided information regarding potential risks and consequences but did not sign.

_____	_____	_____	_____
Signature of Practitioner	ID # of Practitioner	Date	Time

Use of Interpreter or Special Assistance

An Interpreter or special assistance was provided to the patient to relay information associated with form completion:

- Foreign Language (specify) _____
- Sign Language
- Patient is blind, form read to the patient
- Other, (specify) _____

Interpretation provided by _____
 (Fill in the name of the interpreter and title or relationship to the patient)