BRONSON

Affix Patient Label

Name _____ Date of birth _____

I have been told that leaving the hospital or the emergency room without being seen is against the advice of my doctor or hospital staff. I know that my decision can cause harm to my health.

1. I have been told about the possible risks to my health if I leave the hospital or the emergency room now. The risks can include death or serious harm. Other risks can include:

   _____
   _____
   _____

   I know that this list does not include all possible risks. The doctor may not know all of the risks at this time.
2. I accept the risks due to my decision to leave. I will not hold the doctor responsible for harm or injury because of my decision to leave. I will not hold the nurses or the hospital responsible for harm or injury because of my decision to leave.
3. I have read and fully understand this document.

_____ _____

Signature of Patient or Legal Representative *Witness*

_____

Date

REFUSAL TO SIGN

On _____, the patient or legal representative _____

(Name of Patient or Legal Representative)

☐ Left the hospital without signing this release

☐ Left the hospital without allowing a physician or designee to provide full medical advice

_____

Physician or Nurse Signature