

Ryan White Part A Against Medical Advice Form



This is to certify that I am refusing Ryan White Part A services at my own insistence and against advice of Ryan White Part A medical professionals. I have been advised of the possible dangers to my life or health from this refusal, and I hereby assume the risks and consequences involved and release Ryan White Part A services from any liability in connection with my denying Part A services against their advice.

DATE: _____

Signature of Party Leaving Against Medical Advice

TIME: _____ a.m./p.m.

WITNESS:

IF PARTY DEMANDING DISCHARGE
IS OTHER THAN PATIENT:

Signature of Witness

Signature of Party

Relationship

INSTRUCTIONS:

This demand for discharge should be signed by the patient or authorized party if he/she insists on refusing Ryan White Part A services against medical advice. If the patient or authorized party not only refuses care but also refuses to sign this form the following should be completed.

_____ has not only refused care

Name of party refusing care

but also refused to sign this form documented his/her demand.

DATE: _____

TIME: _____ a.m./p.m.

Signature of Person Receiving Demand