

DISCHARGE AGAINST MEDICAL ADVICE

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

Consent-E

Discharge Against Medical Advice



IDN13150104

This is to certify that I am leaving Rush University Medical Center at my own insistence and against the advice of my physicians and the Medical Center. I have been advised of the possible dangers to my life or health from this departure, and I hereby assume the risks and consequences involved and release my physicians and the Medical Center from any liability in connection with my leaving the Medical Center 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 leaving the Medical Center against medical advice. If the patient or authorized party not only demands to leave but also refuses to sign this form the following should be completed.

(Name of Party Demanding Discharge) has not only demanded discharge

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

DATE: _____

TIME: _____ A.M. / P.M.

Signature of Person Receiving Demand