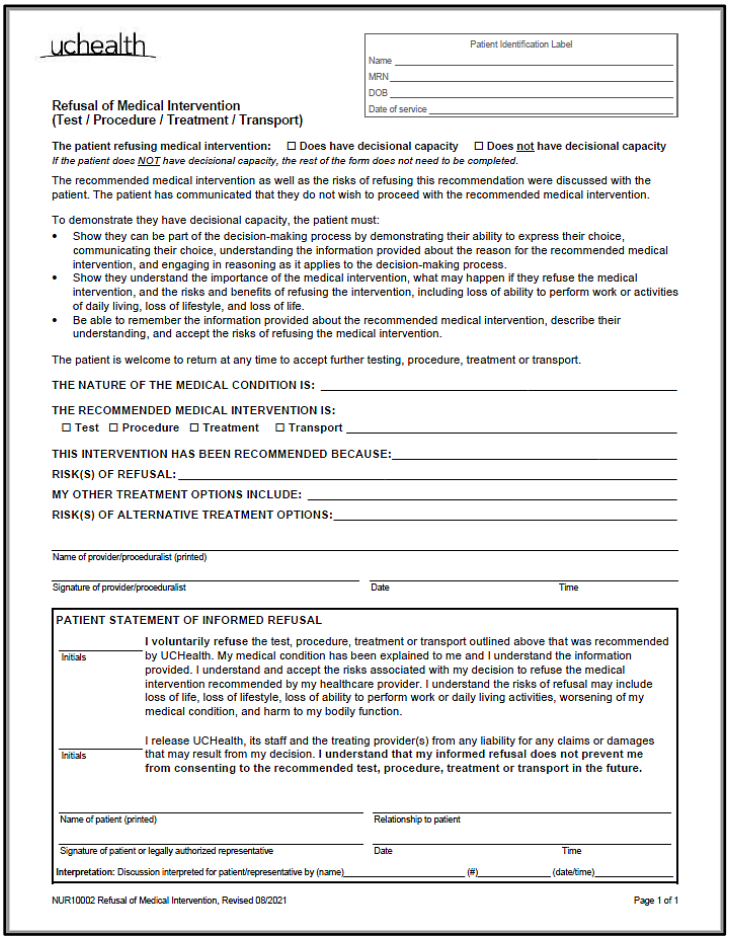
Refusal of Medical Intervention

Providers can access the Refusal of Medical Intervention document for patients refusing medical intervention in the Communication activity. This tip sheet outlines how to access the form within in Epic.

Important Note: Hard copies of this form (pictured below) will be available for order on the Print Center. For additional support with ordering and printing hard copies email: PrintCenter@uchealth.org.



uchealth

Patient Identification Label
Name
MRN
DOB
Date of service

Refusal of Medical Intervention
(Test / Procedure / Treatment / Transport)

The patient refusing medical intervention: ☐ **Does have decisional capacity** ☐ **Does not have decisional capacity**
If the patient does NOT have decisional capacity, the rest of the form does not need to be completed.

The recommended medical intervention as well as the risks of refusing this recommendation were discussed with the patient. The patient has communicated that they do not wish to proceed with the recommended medical intervention.

To demonstrate they have decisional capacity, the patient must:

- Show they can be part of the decision-making process by demonstrating their ability to express their choice, communicating their choice, understanding the information provided about the reason for the recommended medical intervention, and engaging in reasoning as it applies to the decision-making process.
- Show they understand the importance of the medical intervention, what may happen if they refuse the medical intervention, and the risks and benefits of refusing the intervention, including loss of ability to perform work or activities of daily living, loss of lifestyle, and loss of life.
- Be able to remember the information provided about the recommended medical intervention, describe their understanding, and accept the risks of refusing the medical intervention.

The patient is welcome to return at any time to accept further testing, procedure, treatment or transport.

THE NATURE OF THE MEDICAL CONDITION IS: _____

THE RECOMMENDED MEDICAL INTERVENTION IS:
☐ **Test** ☐ **Procedure** ☐ **Treatment** ☐ **Transport** _____

THIS INTERVENTION HAS BEEN RECOMMENDED BECAUSE: _____
RISK(S) OF REFUSAL: _____
MY OTHER TREATMENT OPTIONS INCLUDE: _____
RISK(S) OF ALTERNATIVE TREATMENT OPTIONS: _____

Name of provider/proceduralist (printed)

Signature of provider/proceduralist | Date | Time

PATIENT STATEMENT OF INFORMED REFUSAL

Initials — **I voluntarily refuse** the test, procedure, treatment or transport outlined above that was recommended by UCHealth. My medical condition has been explained to me and I understand the information provided. I understand and accept the risks associated with my decision to refuse the medical intervention recommended by my healthcare provider. I understand the risks of refusal may include loss of life, loss of lifestyle, loss of ability to perform work or daily living activities, worsening of my medical condition, and harm to my bodily function.

Initials — I release UCHealth, its staff and the treating provider(s) from any liability for any claims or damages that may result from my decision. **I understand that my informed refusal does not prevent me from consenting to the recommended test, procedure, treatment or transport in the future.**

Name of patient (printed) | Relationship to patient

Signature of patient or legally authorized representative | Date | Time

Interpretation: Discussion interpreted for patient/representative by (name)_____ (#)_____ (date/time)_____

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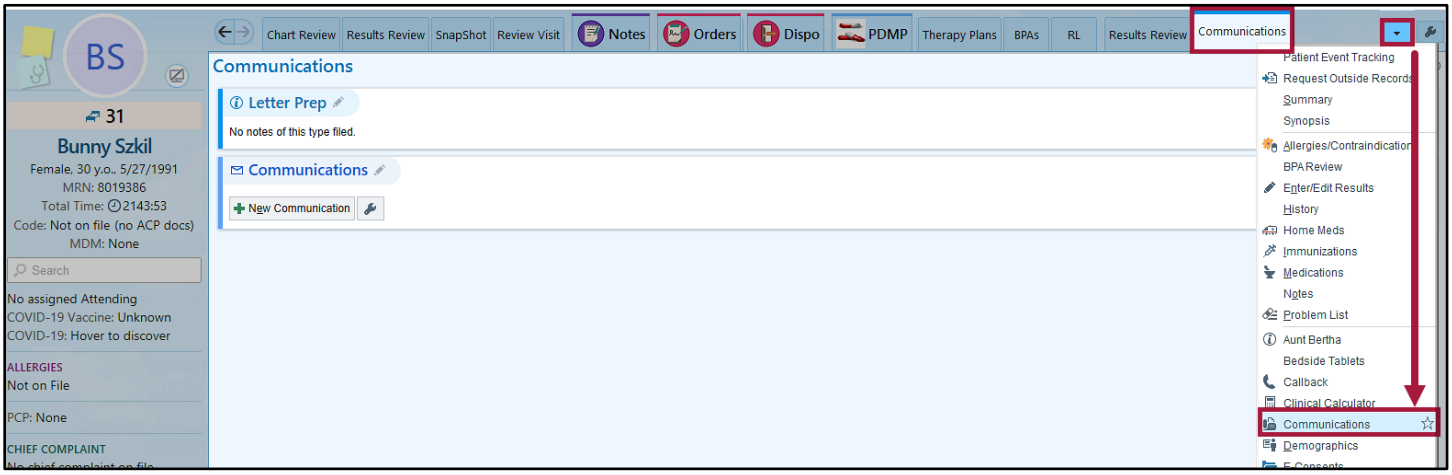
Access the Communications Activity

Note: The way you access the Communications activity will vary based on the context you provide care in.

Often Communications can be found as an activity tab across the top of the chart OR in the *more* menu.



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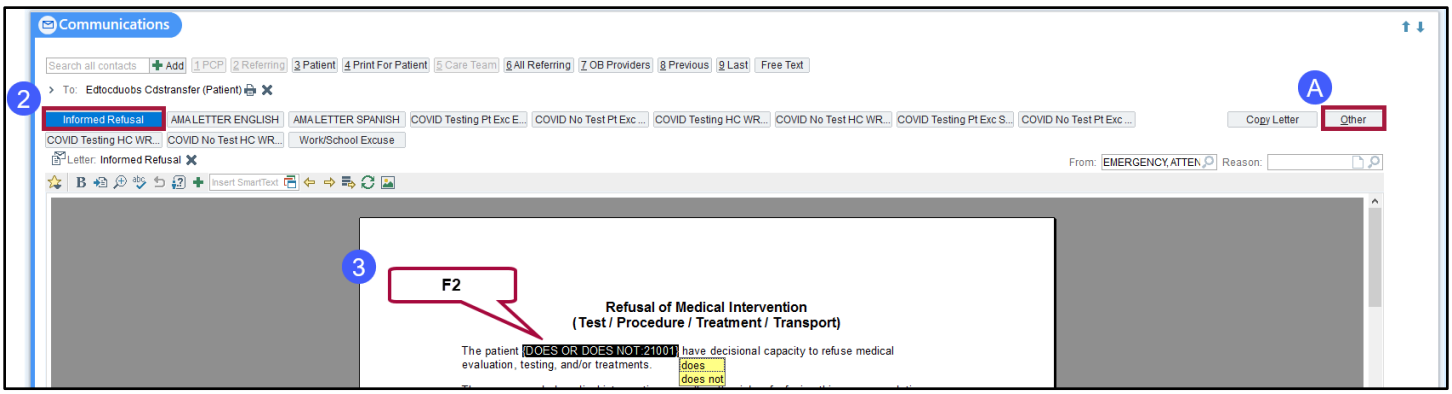
Complete the Form

1. From within the Communications activity, click **New Communication**.

2. Click the **Informed Refusal** speed button to open the form.
   a. If you do not see the Informed Refusal button click **Other** and complete a search for **Informed Refusal**.

3. Place your cursor at the top of the form and utilize the **F2** key to navigate through the form and address required items.



Once the form has been filled out in Epic, it will need to be printed so the patient can sign it.

4. Click **Print Now** at the bottom of the Communications activity.

5. The completed form should be scanned into the patient's chart with a **Document Type: Refusal of Medical Intervention**.

Where to Go

Reference the Customize My Letter tip sheet to learn how to add this template as a speed button.

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