

## APPENDIX: R

## TITLE: REFUSAL

REVISED: February 28, 2010

**QRU Use Only****QRU REFUSAL OF EVALUATION, TREATMENT, AND/OR  
TRANSPORT BY ACP AND/OR QRU:**

I, the undersigned, have been fully advised of my right to receive medical treatment and/or transportation services from \_\_\_\_\_ I, have also been fully advised of my right to receive medial evaluation, treatment and/or transportation and further realize that this refusal may be against the advice of the Emergency Medical crew members and I accept the consequences of my decision. I further release Ada County Paramedics and \_\_\_\_\_ from any harm, damage or loss caused by my refusal to permit evaluation, treatment and /or transportation.

\_\_\_\_\_  
Patient's or Parent/Guardian's Signature      Date      Print Name

\_\_\_\_\_  
Witness Signature      Date      Print Name

**ACP Use Only****ADA COUNTYPARAMEDICS****REFUSAL OF TREATMENT/TRANSPORT AND ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

I, the undersigned, have been fully advised of my right to receive medical treatment and/or transportation services from Ada County Paramedics. It is my conscious decision to refuse such treatment and/or transportation and further realize that this refusal may be against the advice of the Emergency Medical crew members and I accept the consequences of my decision. I further release Ada County Paramedics from any liability for harm, damage or loss caused by my refusal to permit treatment and/or transportation. I have received a copy of ACP Notice of Privacy Practices.

\_\_\_\_\_  
Patient's or Parent/Guardian's Signature      Date      Print Name

\_\_\_\_\_  
Witness Signature      Date      Print Name

Primary EMS provider: \_\_\_\_\_ Number: \_\_\_\_\_

**REFUSAL**

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