

## PATIENT LEAVING HOSPITAL AGAINST MEDICAL ADVICE

This is to certify that I am leaving \_\_\_\_\_  
Hospital at my own insistence and against the advice of the hospital  
authorities and my attending physician. I have been informed by them  
of the dangers of my leaving the hospital at this time. I release the  
hospital, it's employees and officers, and my attending physician from  
all liability for any adverse results caused by my leaving the hospital  
prematurely.

Signed \_\_\_\_\_<sup>1</sup>

I agree to hold harmless \_\_\_\_\_ Hospital, its employees  
and officers, and the attending physician from all liability with  
reference to the discharge of the patient named above.

\_\_\_\_\_  
(Husband, wife, parent, etc.)

<sup>1</sup> If the patient refuses to sign such a statement, he/she cannot be forced to do so nor may his/her release be withheld until he/she signs. If this occurs, the form should be filled out, witnessed by hospital personnel present, and "Signature Refused" written on the form.