

SAMPLE – For Illustrative Use Only

Informed Declination Letter To Patient From Provider

Date

Dear (Patient Name),

On (date), we discussed _____ and I, as your provider, recommended _____ . We discussed the benefits, risks, and alternatives and you signed an Informed Declination Form.

I have reviewed your medical record and I again recommend _____. If you choose to not follow the recommended plan of care, you could experience the following risks, (up to and including death).

You and I are team members in managing your health and if you have any questions related to your condition, my recommendation or the consequences of your declination, please call our office to schedule an appointment.

Sincerely,



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General Informed Declination

This signed document is my formal statement acknowledging that I _____, a patient of/ at _____ am making an informed decision to decline the recommended advice of my provider.

My provider _____ has recommended the following treatment/procedure/plan:

The risks and benefits of the recommended advice of my provider have been explained to me. We have discussed alternatives. I have had an opportunity to discuss the risks and benefits and understand the risks and benefits that were recommended by my provider.

We have discussed the potential benefits and they include:

We have discussed the potential risks up to and including death and they include:

___ Death

___ Permanent disability/disfigurement

___ Additional pain and/or suffering

___ Risks to unborn fetus

___ Other risks:

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We have discussed the following alternatives with their potential benefits and risks and they include:

My signature acknowledges that:

1. My medical condition has been evaluated and explained to me by my provider who has recommended the above treatment/procedure/plan. We have discussed my condition and I understand my condition.
2. My provider has explained and we have discussed and I understand the potential benefits and risk of the recommended treatment/procedure/plan and alternatives.
3. My provider has explained and we have discussed and I understand the potential risks with not following through with the recommended treatment/procedure/plan.

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4. I have had an opportunity to discuss all questions related to the recommended treatment.

The patient or representative has read this form or had it read to him or her.

_____ The patient or representative states that he or she understands the information in this form.

_____ The patient or representative has no further questions

_____ I am declining to consent to the recommended treatment.

PATIENT OR REPRESENTATIVE PRINT

PATIENT OR REPRESENTATIVE SIGNATURE

REPRESENTATIVE RELATIONSHIP

DATE

PROVIDER SIGNATURE

DATE

WITNESS PRINT

DATE

WITNESS SIGNATURE

DATE

WITNESS CONTACT INFORMATION:

ADDRESS

PHONE