COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

**LOS ANGELES COUNTY + USC MEDICAL CENTER**

# PATIENT LEAVING HEALTH CARE FACILITY AGAINST MEDICAL ADVICE

I am voluntarily leaving the health care facility against the advice of Dr. _____.
I acknowledge that I have been informed about the risks and consequences involved and hereby release the physician, the health care facility and the County of Los Angeles from all responsibility for any injury or ill effects which may result from this action.

_____ am/pm _____

Date Time Patient/Parent/Conservator/Guardian

_____ _____

Witness If signed by other than patient, indicate relationship

_____

Address of Patient

I declare that I have personally explained to the patient the risks and consequences involved in leaving the health care facility at this time, the benefits of continued treatment and hospitalization, and the alternatives (if any) to continued treatment and hospitalization.

Remarks: _____

_____

_____ _____ am/pm _____

Date Time Physician's Signature

## AGAINST MEDICAL ADVICE MEDICATION RELEASE

I have been advised regarding the use of the medication being given to me. I understand that if I develop some reaction, I should call or return to the health care facility or seek care elsewhere if I am not willing to return.

_____ am/pm _____

Date Time Patient/Parent/Conservator/Guardian

_____

Witness

## MINOR OR WARD OF COURT LEAVING HOSPITAL

I received the person named below for which I acknowledge complete responsibility.

_____ am/pm _____

Date Time Signature Relationship or Official Capacity

_____

Address

_____

Telephone Number

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)

T-931

**PATIENT LEAVING HEALTH CARE FACILITY**



931 (08/2006)