

**MARIN COUNTY EMS
AGAINST MEDICAL ADVICE (AMA)–RELEASE AT SCENE (RAS) FORM**

CRITERIA FOR REFUSING CARE

The patient meets all of the following:

1. Is an adult (18 or over), or if < 18 meets the criteria stated in the AMA/RAS policy
2. Exhibits no evidence of:
 - Altered level of consciousness
 - Alcohol or drug ingestion that impairs judgment
3. Understands the nature of the medical condition, as well as the risks and consequences refusing care

1. ACKNOWLEDGMENT OF INFORMATION:

A. AMA: I have been advised that medical assistance on my behalf is necessary, and that refusal of said assistance could be hazardous to my health, and under certain circumstances, including disability and/or death. I have been advised to discuss my medical complaints with my regular health care provider as soon as possible. Nevertheless, I refuse to accept treatment or transport to a medical facility and assume all risks and consequences of any decision.

or

B. RAS: I acknowledge that I may have a medical problem, which may require additional medical attention, and that an ambulance is available to transport me to the hospital. Instead, I elect to seek alternative medical care and refuse further treatment and/or transport.

2. RELEASE OF LIABILITY: By signing this form, I am releasing the County of Marin, the responding Provider Agency(ies), and the Receiving Hospital (if contacted) of any liability or medical claims resulting from my decision to refuse the medical care/transport offered.

I have read and understand the “Acknowledgment of Information” and “Release of Liability”. I also acknowledge that I have received a Notice of Privacy Practices.

Signature: _____ **Refused to sign, Reason:** _____
Relationship (if not the patient): Lawful: parent guardian conservator (pertains to a child/dependent only)
 Physician Consulted: _____
Telephone consent/refusal obtained. Witnessed by: _____
 Interpreter used: _____

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| DISPOSITION: <input type="checkbox"/> Released in care or custody of self. <input type="checkbox"/> Released in custody of law enforcement Agency: _____ Badge #: _____ Released in care or custody of: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ |
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| Instructions 1. If you change your mind or your condition changes, call 9-1-1 (in an emergency), go to an emergency department in your area, or call your private doctor (if appropriate). 2. _____ 3. _____ _____ |
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Completed by (Print) _____ Signature _____ Unit #/Agency # _____

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| Witness Information |
| Signature: _____ Name Printed: _____ |
| Address: _____ City: _____ |
| State: _____ Zip: _____ Phone: () _____ Driver's License #: _____ |

Patient Name: _____ EM/AO#: _____
DDM: _____ Date: _____