Form: 2023-11

# Tuscarawas County Health Department
# Medical Clinic
# Refusal to Consent to Treatment, Medication or Testing

**Individuals are legally entitled to exercise their freedom of choice by choosing not to undergo a recommended course of treatment, medication, or testing.**

**Patient's Initials**

_____ It has been recommended to me that I should undertake the following treatment, medication, or testing ordered by my healthcare provider(s): _____

_____

_____ I have been advised of the risks and benefits of the treatment, medication, or testing and all appropriate alternatives, including: _____

_____

_____ I have been advised of the risks and consequences of refusing the recommended treatment, medication, or testing, including: _____

_____

_____ I have had all of my questions answered by my healthcare provider(s): _____

_____

(Name[s] of Healthcare Providers[s])

**Having considered all of my options and understanding the risks of declining the treatment, medication, or testing, I have decided not to undergo the proposed course of therapy.**

_____

Patient or Legal Representative Signature/Date/Time

_____

Print Patient's or Legal Representative's Name

_____

Patient's Date of Birth

_____

Legal Representative's Relationship to Patient

_____

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, benefits, material risks, and alternatives to the proposed treatment, medication, or testing and the risks and consequences of not proceeding, have offered to answer any questions, and have fully answered all such questions. I believe that the patient/legal representative (circle one) fully understands what I have explained.

_____

Healthcare Provider Signature/Date/Time