



## AGAINST MEDICAL ADVICE (AMA) Refusal of Medical Treatment

By my signature below I elect to:

- Refuse any medical aid and/or evaluation despite the recommendation of Emergency Medical Personnel.
- Refuse further medical treatment and fully understand that only partial treatment has been rendered.
- Refuse transportation to an emergency receiving facility by Emergency Medical Personnel.
- Acknowledge the options as explained by Emergency Medical Technicians and agree to seek medical treatment at a time and medical facility of my choosing.

I, the undersigned, having been advised of the need to accept medical treatment and/or evaluation or transport to a medical facility, do hereby release and hold harmless the Pierce County Fire District #5 and its personnel from further responsibility arising from my refusal of treatment and/or transportation. I acknowledge the Emergency Medical Personnel have fully explained the risks and benefits of treatment and transportation and decline the services described.

Also, I hereby acknowledge that I have been provided with a copy of the **H.I.P.A.A. Notice of Privacy Practices** from the Pierce County Fire District #5 on this date.

Emergency Medical Incident # \_\_\_\_\_

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
\*\*Hospital Contacted

\_\_\_\_\_  
Date/ 24 hr. Time

\_\_\_\_\_  
Base Hospital Physician

\_\_\_\_\_  
Signature of Emergency Medical Personnel

FF/EMT      FF/PM (circle one)

# AGAINST MEDICAL ADVICE (AMA) Medical Miranda

***Medical Miranda should be read by the patient who is making AMA choices or have it read to them by the EMS professional caring for them.***

“This form has been given to you because you do not want treatment and/or transport by EMS. Your health and safety concerns us even though you have decided not to accept our advice. In doing so, please remember the following:

1. Your condition may not seem as bad to you as it actually is. Without treatment your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by EMS may result in a delay of care which could make your condition or problem worse.
2. The evaluation and/or treatment offered to you by EMS cannot replace treatment by a doctor. You should obtain medical evaluation and/or treatment by going to any hospital Emergency Department in this area, or by calling your doctor if you have one.
3. If you change your mind or your condition becomes worse, do not hesitate to call 9-1-1. Don't wait. When medical treatment is needed, call 9-1-1, it is better to get help immediately.”

### **Pierce County Competency Checklist:**

**YES:** Patient meets competency criteria elements (all must be marked).

**NO:** Patient does not meet competency criteria elements. (If any are marked “NO,” the patient is considered incompetent.).

#### **Patient/Caregiver is:**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. At least 18 years old or emancipated minor.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Conscious and alert; communicates their choices.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Oriented (GCS 15), understands situation and consequences; able to weigh risk/benefit options; and rationally processes information before making a decision. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Not physically or cognitively impaired by the use of alcohol/drugs(s).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Not suspected of brain trauma or hypoxia (pulse oximetry >85%).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. No dementia, mental illness or other medical disease that affects the patient's ability to make a decision.   | <input type="checkbox"/> | <input type="checkbox"/> |