

PIEDMONT ACCESS TO HEALTH SERVICES, INC.

Policy Number: **01-09-002**  
SUBJECT: **Patient Refusal of Care**

EFFECTIVE DATE: **04/01/2004**  
REVIEWED/REVISED: **07/03/2006, 02/28/2009, 03/31/2010, 03/17/2011, 04/10/2012**

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**POLICY:** In the event that a patient being treated by the PATHS Community Medical Centers refuses treatment or evaluation against medical advice, the patient, whenever possible, will sign a "Refusal of Care" form that will be kept in the patient's permanent medical record. If the patient either refuses to sign the form or cannot be contacted, this information will be documented in the patient's medical record.

**PROCEDURE:**

1. The provider responsible for rendering care to the patient that is refusing care, against medical advice, will fill out the "Refusal of Care" (see eCliniForms, "Other").
2. The patient, provider, and a witness will sign the form.
3. The form will be scanned and stored in the patient's medical record.
4. The patient will be given a copy of the form. If the patient is not present, a copy of the form will be mailed to the patient's address on record via certified mail.

**SIGNATURES:**

\_\_\_\_\_  
Chief Executive Officer

\_\_\_ / \_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_ / \_\_\_ / \_\_\_\_  
Date