



Informed Refusal

**Refusal to
Accept**

Referral, Recommended Follow-Up,
Diagnostic or Treatment Recommendations

Date: _____ Agency: _____

Name of Client: _____

Address: _____

Date of Birth: _____

Reason for Referral/Recommended Follow-Up, Diagnostic or Treatment Recommendations:

I have been advised to seek referral/recommended follow-up because of the above mentioned reason(s). I acknowledge that the possible risks of not accepting or acting upon the referral/follow-up have been explained to me. Even though it has been recommended by _____ that

I do so, I do not plan to get referral care/follow-up for the following reason(s):

I hereby release *Women's Way* and _____ (agency) from any and all liability arising out of or connected with my decision not to follow the above medical recommendation.

Women's Way client signature

Witness

Date: _____

Date: _____

I, _____, employee of _____ verify that the above stated information was provided to _____ and that she refused to sign this Informed Refusal form.
Women's Way client

Employee Signature: _____ Date: _____