



Refusal to Transport

This is a legal document. Please read the entire form.

The North Fork Ambulance Association has given this form to you because you have expressed your desire to refuse on-scene treatment and/or transport to the emergency department. Your health and safety is our primary concern. Although you have decided not to accept our services and be transported to the emergency department, please remember the following:

1. The evaluation and/or treatment provided to you by the Emergency Medical Technician(s) of the North Fork Ambulance is not a substitute for medical evaluation and treatment by a physician at the emergency department.
2. **Your condition may actually be more serious than you think.** 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 the North Fork Ambulance may result in a delay, which could make your condition or problem worse.
 - a. Because it is sometimes impossible to recognize actual or potential medical problems outside the hospital, we strongly encourage you to be evaluated, treated, if necessary, and transported to the hospital by North Fork Ambulance for a more complete examination by a physician.
3. Medical evaluation and/or treatment may be obtained by calling your doctor for an appointment, or by visiting any hospital emergency department, which is staffed 24 hours a day by physicians. You may be seen at an emergency department without an appointment. The nearest hospital is Delta County Memorial Hospital located at 1501 East Third Street, Delta, Colorado. They can be reached at 970 874-7681.
4. If you change your mind and want to accept treatment and transport to the emergency department by the North Fork Ambulance, you may call us back 24 hours a day, 7 days a week, by dialing 911.
5. **Don't wait!** When medical treatment is needed, it is usually better to get it right away and not wait. **Assistance may be obtained by calling 911 at any time and requesting an ambulance.**

As the below signed patient, or legal guardian, you acknowledge that you:

- Understand the nature of the illness or injury; and
- Understand the risks of refusing treatment or transport; and
- Given the risks and options, voluntarily refuse treatment or transport

I, the below signed patient/guardian, have read, and understand all of the above information regarding refusal of EMS treatment and/or transport by the North Fork Ambulance and acknowledge that I do not wish to be transported, or to have the patient transported to the emergency room.

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____