

Mercy Hospital
Refusal of Blood Products
Patient Liability Release Form 2/2013



Patient Label

Release of Liability

****Must be signed By Patient Personally****

You are notified and instructed that I do not wish any transfusion of whole blood, blood plasma, packed cells, blood fractions or blood derivatives to be used in my treatment. I regard the transfusion of blood and blood products as unnecessarily dangerous treatment producing too many bad effects to justify the risk.

I recognize and understand that the physician have advised that they are of the opinion that blood transfusions may be necessary, perhaps even to save my life. I do not share their opinion and adhere to the instructions given in this notice.

The restriction leaves open the use of transfusion or otherwise of Ringer’s lactate solution, glucose or other volume expanders not derived from blood.

This matter has been carefully considered by me and my instructions are not going to change because I am unconscious.

I kindly ask that the hospital and its medical and nursing staff modify its treatment and management of my particular case to accommodate the prohibition herein stated.

The hospital, the medical and nursing personnel caring for me are hereby released from responsibility and liability for any and all untoward effects which flow from the decision not to accept the treatment prohibited in this release, and I do hereby agree, in consideration hereof, to indemnify and hold harmless the said Mercy Hospital, its agents, servants, and the medical staff from any expense, claim or liability arising from their adherence to my wishes as expressed herein.

I also recognize that this agreement is dependent upon my attending physician arranging for my care by other physicians willing to care for me in accordance with my above request. Any other physicians involved in my care and the hospital cannot guarantee such performance.

Witness

Patient

Date/Time_____

Date/Time_____

I have discussed this matter with this patient and he/she understands the significance of this release from liability.

Physician

Date/Time_____

AD 53 2/2013



LGL.X.OTHER