McLaren Health Care Corporation (MHCC)

■MBR (Mair	n) MCR	□ MCM			□MGL	□MAC	MNM (MA	IN)	■MNM (CHEBOYGAN)	
□MTR	□FLT (Fento	n) 🗖 🗆 🔾	AK (MAIN)	□OAK ((OXFORD)	OAK (CLARKSTON)	□ MPH	IMBR (WEST BRANCH)
□MSL										

PATIENT TRANSFER CONSENT FORM

SECTION TO BE COMPLETED BY THE BUYOLOUAN															
SECTION TO BE COMPLETED BY THE PHYSICIAN															
	I. Patient Condition														
Does the patient have an emergency medical condition?															
Select One			Stable		The patient has been stabilized such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from transfer. No other significant risks have been identified as associated with the patient's transfer at this time										
			Delivery Not Imminent		Within reasonable medical probability, no material deterioration of the mother or child is likely to result from transfer										
			Unstable		The patient's condition can not be stabilized prior to transfer										
			Delivery Imminent		The patient is a pregnant woman having contractions and there is inadequate time to safely transfer her to another hospital before delivery or transfer may pose a threat to the health or safety of the woman or her unborn child										
TO BE COMPLETED WHEN TRANSFERRING AN UNSTABLE PATIENT															
	The patient's emergency medical condition has not been stabilized. I have explained to the patient/legal representative the risks and benefits of transfer and medical treatment at the receiving facility											penefits of			
	exan	ninatio	at based on the reasonable risks and benefits to the patient, and based on information available at the time of the patient's on, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the risks, if any, to the patient's medical condition from affecting transfer												
Other Risks/Benefits of Transfer															
II. Reason for Transfer															
	ect Or				or their Legal	Representative	reques	sts the transf	er						
				Special	lized services r	necessary to treat the patient are not available at MHC Facility									
			_	Specify:											
				Patient's Personal Physician Request											
				Patient's Insurance Provider Requirement											
		-	_	OnCall Physician refused/failed to respond											
				Name/Contact Information:											
				Other:											
III.	Risk	s/Be	nefi	its of 7	Transfer										
I ha	ve ex	plaine	ed the	e signif	ficant risks ar	nd benefits of	transfe	er to:	Patient		Legal Repres	entative			
Risk	(S		□ Death			■ Delay in Treatment				■ Worsening of Patient's Medical Condition(s)					
				Other	:										
Ben	efits														
IV.	Tran	sfer	Red	quiren	nents – All	Requireme	nts M	ust Be Me	et						
IV. Transfer Requirements – All Requirements Must Be Met Transferring Facility MHC Facility Department Phone #															
Transportation Transporting Sta				Other:						-					
			□ ACLS ambula		ance BLS ambulance			ance	e						
		ting S	Staff Paramedic		☐ EMT ☐ Other:										
Medical Record															
Receiving Facility Phone #															
Receiving Physician accepting transfer of the patient															
Receiving Facility has directed that the patient be taken upon arrival to															
V. Physician Certification															
I have explained the significant risks and benefits of transferring care to the patient. I have contacted the Receiving Facility obtaining verbal acceptance of the patient to be transferred. I have confirmed with the Receiving Physician that there are qualified personnel and resources available to treat the patient. I have confirmed that the patient will be transferred by qualified personnel, except in situations where the patient chooses to self-transport. Physician Signature Printed Physician Name															
Phys	sician !	Signa	IIIre				Drinto	d Physician	Namo			Date		Time	

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MR.#/RM.

DR.

McLaren Health Care Corporation (MHCC)

DMAC

■MNM (MAIN)

■ MPH

□OAK (CLARKSTON)

IMNM (CHEBOYGAN)

■MBR (WEST BRANCH)

□MGL

□OAK (OXFORD)

DI AP

□OAK (MAIN)

□MCR □MCM

□FLT (Fenton)

■MBR (Main)

MTR

■MSL PATIENT TRANSFER CONSENT FORM SECTION TO BE COMPLETED BY THE PATIENT/LEGAL REPRESENTATIVE MHC Facility Initiated Transfer - Patient Consent for Transfer The physician has explained to me why I need to be transferred to another facility. I understand the risks and benefits of the transfer. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. Based on the information available to me at this time, including that the expected medical benefits outweigh the risks, I choose to proceed with the transfer. Patient's Insurance or Personal Physician Initiated Transfer - Patient Consent for Transfer My insurance provider or personal physician is requesting my transfer to another facility. The physician has explained to me the risks and benefits associated with the transfer. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. I choose to proceed with the transfer. Patient Initiated Transfer - Patient Consent for Transfer I am requesting a transfer to another facility. I acknowledge that my medical condition has been evaluated and explained. The physician has explained to me the risks and benefits associated with the transfer. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. I am making this request of my own free will, without the influence of another individual. No one associated with the MHC Facility has influenced my request. I refuse to consent to further medical examination/treatment which has been offered to me. I choose to proceed with the transfer I have requested. Facility I Request Transfer To **Patient Refusal of Transfer** I am refusing transfer to another facility. I have been advised of my rights regarding examination, treatment and transfer. I have been advised of the MHC Facility's emergency treatment obligations under the federal law. I am making this request of my own free will, without the influence of another individual. No one associated with the MHC Facility has influenced my request. I understand the risks and benefits of transfer explained to me by the physician. I understand that the physician believes the transfer to be in my best interest. I choose to continue receiving treatment at the MHC Facility. **Patient Refusal of Transportation Services** I am refusing transfer to another facility via the method suggested by the physician. I am making this request of my own free will, without the influence of another individual. No one associated with the MHC Facility has influenced my request. I understand the risks of selftransportation explained to me by the physician. I choose to be responsible for arranging my transportation to the Facility to which I am being transferred Time Patient Signature Date □ Patient Unable/Unwilling to Sign Reason Legal Representative Signing on Behalf of Patient Legal Representative Printed Name Relationship to Patient Witness Time Date Witness – Second signature required when patient is unwilling/unable to sign Date Time

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PT.

MR.#/RM

DR.