



**McLaren Health Care Corporation (MHCC)**

MBR (Main)  
  MCR  
  MCM  
  FLT  
  LAP  
  MGL  
  MAC  
  MNM (MAIN)  
  MNM (CHEBOYGAN)  
 MTR  
  FLT (Fenton)  
  OAK (MAIN)  
  OAK (OXFORD)  
  OAK (CLARKSTON)  
  MPH  
  MBR (WEST BRANCH)  
 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 self-transportation explained to me by the physician. I choose to be responsible for arranging my transportation to the Facility to which I am being transferred.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Patient Unable/Unwilling to Sign

Reason

\_\_\_\_\_  
Legal Representative Signing on Behalf of Patient

\_\_\_\_\_  
Legal Representative Printed Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness – Second signature required when patient is unwilling/unable to sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



PT.

MR.#/RM.

DR.