

McLAREN HEALTH CARE CORPORATION (MHCC)

BAY MCM FLT LAP LAN MAC NMI (MAIN) NMI (CHEBOYGAN)
 OAK (MAIN) OAK (OXFORD) OAK (CLARKSTON)

PATIENT TRANSFER CONSENT FORM

PATIENT LABEL

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



3030B

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<input type="checkbox"/>	MHC Facility Initiated Transfer – Patient Consent for Transfer
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_____ Patient Signature	_____ Date	_____ Time
<input type="checkbox"/> Patient Unable/Unwilling to Sign	Reason _____	
_____ Legal Representative Signing on Behalf of Patient	_____ Legal Representative Printed Name	_____ Relationship to Patient
_____ Witness		



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