

McLaren Print System Order

Order No: 88939
 Order Date: 2024-10-14
 Order Request Date:
 User: Jennifer Melcher
 Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Luke Herrington -3West
 1221 South Dr
 Mt Pleasant, MI 48858

Brochures
 Quantity: 100
 Paragon Dept No: 30100
 Dept Name: Supply Chain Management
 Company Number:

Order Total Price: 11.80

Item Number: 654-50B
 Item Description: Patient Consent Form For Transfer
 Revision Date: 10/2020
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Poster:
 Misc Info: 8.5x11 Black 2-Part

McLAREN HEALTH CARE CORPORATION (MHCC)
 BAY BHM FLT LAF LAR MAC MR (MAR) MR (CHRYSLER)
 MR (MAR) OAK (SPOFF) OAK (CLARKSON)

PATIENT TRANSFER CONSENT FORM INTENT 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 but not limited to the expected medical benefits outlined in the HSA, 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 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 seeking 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/Overriding to Sign Reason: _____
 Legal Representative Signing on Behalf of Patient: _____ Legal Representative Print Name: _____ Relationship to Patient: _____
 Witness: _____

Spec Info:

