INFORMED REFUSAL

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH PROMOTION & CHRONIC DISEASE PREVENTION
SFN 52519 (6-2023)

Date	Agency		
Name of Client			Date of Birth
Address	City	State	ZIP Code
Reason for Referral/Recommended Diagnostic Follow-Up or Treatment			

Name of Individual that Referred/Recommended Diagnostic Follow-Up or Treatment

I have been advised to seek referral/recommended diagnostic follow-up or treatment because of the above-mentioned reason(s). I acknowledge that the possible risks of not accepting or acting upon the referral/recommended diagnostic follow-up or treatment have been explained to me. Even though it has been recommended that I do so, I do not plan to get referral/recommended diagnostic follow-up or treatment.

Reason(s) for Not Seeking Referred/Recommended Diagnostic Follow-Up or Treatment

I hereby release *Women's Way* and the following organization(s) (release statement) from any and all liability arising out of or connected with my decision not to follow the above medical recommendation.

Organization(s)

Women's Way Client Signature	Date
Witness Signature	Date
Relationship to *Women's Way* Client	

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Name of *Women's Way* Local Coordinator	Local Coordinating Unit

I verify that the above stated information was provided to the following *Women's Way* client and that she refused to sign this Informed Refusal form.

Women's Way Client

Women's Way Local Coordinator Signature	Date

How to Complete Informed Refusal Form

What areas on the form need to be completed before sending the Informed Refusal form?

- Date
- Agency (Name of the local coordinating unit)
- Name of Client
- Date of Birth
- Address (address of the client)
- City
- State
- Zip Code
- Reason for Referral/Recommended Diagnostic Follow-Up or Treatment
- Name of Individual that Referred/Recommended Diagnostic Follow-up or Treatment (Name of the health care provider)
- Organizations (Name of the health care facility for the health care provider and name of the local coordinating unit)

What areas on the form must be completed by the *Women's Way* client?

- Reason(s) for Not Seeking Referred/Recommended Diagnostic Follow-up or Treatment
- *Women's Way* Client Signature
- Date (the date that the client signed the Informed Refusal form)

What area needs to be completed by an individual who witnessed the client signing the Informed Refusal form?

- Witness Signature
- Date (the date that the Informed Refusal form was signed and witnessed)
- Relationship to the *Women's Way* Client

What areas on the form need to be completed after the Informed Refusal form is returned?

- Areas under For Office Use Only.