



Interior Health

Leaving Against Physician Advice

Re: _____
Patient Name

Date: _____ Time: _____

I, _____, am leaving/am removing the above named patient from _____ against the advice of:
(Name of facility)

Dr. _____, who explained the risks to me.

I understand what was said to me and I was given the opportunity to ask questions about the risks of leaving against my physician's wishes. I am satisfied that all my questions have been adequately answered.

I understand that Interior Health, its personnel, and the attending physicians will not be responsible whatsoever for complications or unfavorable results due to my leaving against medical advice.

Signed: _____
*Patient or Substitute Decision Maker**

Date and Time of Consenting Signature

Relationship to patient (if not the patient)

Print name, if not the patient

Witness: _____

Print witness name and position

*Indicate type of Substitute Decision Maker

- Parent/guardian of an incapable minor
- A Committee of the Person
- A Representative – Section 7 (no lawyer, & restrictions apply)
- A Representative - Section 9 (certified by a lawyer)
- A "Temporary Substitute Decision Maker"