Refusal or Revocation of Consent to Treatment

PART I

_____, an individual in this facility, ☐ refuses consent ☐ revokes previous consent;

OR _____, the ☐ guardian, ☐ guardian advocate, or ☐ health care surrogate/proxy for _____, an individual who is incapacitated or incompetent to consent to treatment in this facility, ☐ refuses consent ☐ revokes previous consent for: ☐ All treatment, **or** ☐ The following treatment:

_____

_____

The reason given for this refusal/revocation, if any, is: _____

_____

_____	_____	_____ am pm
Signature of Competent Adult (or staff if oral refusal)	Date	Time
_____	_____	_____ am pm
If incompetent, signature of ☐ Guardian, ☐ Guardian Advocate, ☐ Health Care Surrogate, ☐ Health Care Proxy	Date	Time

PART II Facility Response

An individual on voluntary status who has been admitted to a facility and who refuses to consent to or revokes consent to treatment shall be discharged within 24 hours after such refusal or revocation, unless transferred to involuntary status or unless the refusal or revocation is freely and voluntarily rescinded by the individual. The guardian, guardian advocate, or health care surrogate/proxy has the right to refuse or revoke consent to treatment. The decision of the guardian, guardian advocate, or health care surrogate/proxy may be reviewed by the court, upon petition of the individual's attorney, the individual's family, or the facility administrator.

The facility's response to the refusal/revocation of consent was: _____

_____

_____

_____	_____
Staff Signature	Profession

_____	_____	_____ am pm
Typed or Printed Name of Staff	Date	Time

PART III Withdrawal of Refusal or Revocation of Consent to Treatment

I, _____, freely and voluntarily rescind my previous refusal or revocation of consent to treatment for the following reason(s): _____

_____

_____	_____	_____ am pm
Signature of Authorized Decision-Maker	Date	Time

☐ Individual ☐ Guardian ☐ Guardian Advocate
☐ Health Care Surrogate ☐ Health Care Proxy

_____	_____	_____	_____ am pm
Signature of Witness	Credentials	Date	Time

BAKER ACT