

PATIENT: _____ **U.H. #:** _____

This is to certify that I am leaving The University of Texas Medical Branch Hospitals (UTMB Health) at my own insistence and against the advice of the hospital authorities and my attending physician. I have been informed by them of the dangers attendant on my leaving the hospital at this time. I assume all responsibility for any results caused by leaving the hospital prematurely, and I hereby release the hospital, it's employees and officers, and my attending physician from all liability of whatsoever nature.

Signed: _____
(Patient)

I hereby agree to hold harmless The University of Texas Medical Branch Hospitals (UTMB Health), it's employees, and officers, and the attending physician, from all liability of whatsoever nature, with reference to the discharge of the patient named above.

Signed: _____ Relationship to patient: _____

Date: _____, 20____ Hour _____ AM
PM Witness: _____

NOTE: If the patient's signature is not obtained, state reason: _____

NOTE: If the patient refuses to sign such a statement, he cannot be forced to do so, legally, nor may his release be withheld until he signs. If this occurs the form should be filled out, witnessed by the hospital personnel present, and the statement made on the form "signature refused."

ADDITIONAL FORMS MAY BE OBTAINED FROM UTMB PRINTING SERVICES BY CALLING 409.772.5900

UTMB FORMS MGT. STRICTLY PROHIBITS CHANGES TO THIS FORM

IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

STATEMENT OF PATIENT LEAVING AGAINST MEDICAL ADVICE

Medical Record Form 2515-Rev. 9/16
The University of Texas Medical Branch Hospitals
Galveston, Texas

Original-Medical Record