



\*AMDADV\*

UC HEALTH

**DISCHARGE AGAINST MEDICAL ADVICE**

**LOCATION:**  Daniel Drake Center  University of Cincinnati Medical Center  West Chester Hospital

I \_\_\_\_\_, a patient at the UC Health facility identified above, am leaving against the advice of the Attending Physician, \_\_\_\_\_ and the Hospital Administration.

I acknowledge that I have been informed about the dangers and risks involved and understand the seriousness of my decision and hereby release, the identified UC Health facility, the Attending Physician, the Hospital Administration and their employees, from all responsibility for any consequences resulting from my leaving the hospital against the advice of my physicians.

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Name of Patient or Authorized Representative  
If patient is a minor or incapable of signing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Witness

Patient/Patient Representative Refused to Sign Release (Must have two witnesses sign)

Patient left prior to obtaining signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Witness