Holland & Hart

EMTALA REQUEST TO TRANSFER TO DIFFERENT FACILITY

Patient Name: _____ Birthdate: _____

To be completed by Patient or their Personal Representative:

1. I am the Patient or the Personal Representative with authority to make healthcare decisions for the Patient.

2. [NAME OF AMBULANCE SERVICE] has offered to take the Patient to [HOSPITAL NAME] for further examination and/or treatment. I understand that the Patient has the right to receive an emergency medical screening examination at [HOSPITAL NAME] and, if the exam reveals an emergency medical condition, to receive stabilizing treatment regardless of the Patient's ability to pay.

3. Despite the foregoing, I request that the Patient be transferred to the following facility instead of [HOSPITAL NAME]: _____.

4. I want the Patient transferred to the other facility because: _____
_____
_____

5. I understand that transferring the Patient to the other facility instead of [HOSPITAL NAME] may result in additional risks to the Patient, including but not limited to the following:

   ☐ Delay in examination or treatment due to additional travel time.
   ☐ Decline in the Patient's condition during or as a result of the additional travel time.
   ☐ The potential for accidents or other mishaps occurring during the travel.
   ☐ Other: _____
   _____
   _____
   _____

6. I understand that the Patient's insurance may not pay for all or part of the transportation to the other facility, and/or the Patient may incur additional costs due to the transportation to the other facility.

7. I have had a chance to ask questions and have had my questions answered to my satisfaction.

8. I hereby release [HOSPITAL NAME], [NAME OF AMBULANCE SERVICE], and their trustees, officers, employees, agents and contractors from any and all liability arising out of my decision to transport the Patient to the other facility.

_____ _____ _____ am/pm
Patient or Personal Representative Date Time

_____
Relationship to Patient

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To be completed by EMS personnel:

☐ The Patient is age 18 or over and comprehends the need for, the nature of and the significant risks associated with their proposed healthcare.

☐ The Patient is under age 18 or is otherwise incompetent to make their own healthcare decisions, but their Personal Representative has executed this form.

☐ The following were explained to the Patient or their Personal Representative prior to or at the time of their decision to transport the Patient to another facility:

- ☐ The risks and benefits of transporting the Patient to their preferred facility instead of [HOSPITAL NAME].
- ☐ The patient's right to receive further examination and treatment at [HOSPITAL NAME] regardless of their ability to pay consistent with EMTALA

☐ If the Patient or Personal Representative failed or refused to sign this form, explain the reason: _____

_____

_____

_____

_____ _____ _____ am/pm

EMS Personnel Date Time

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