



**SAMPLE REQUEST FOR TRANSFER BY PRIVATE VEHICLE**

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. I understand that \_\_\_\_\_ (“Hospital”) has recommended that the Patient be transferred to \_\_\_\_\_ for further healthcare services.
3. Hospital has recommended that the Patient be transferred by the following means instead of by private vehicle:
  - Air or ground ambulance.
  - Law enforcement.
  - Other: \_\_\_\_\_
4. Despite the foregoing, I request that the Patient be transferred by private vehicle for the following reasons: \_\_\_\_\_
5. I have been informed and understand that transferring the Patient by private vehicle may result in additional risks to the Patient, including but not limited to the following:
  - Decline in the Patient’s condition during the transfer that may require immediate medical intervention by qualified personnel.
  - Lack of cooperation by the Patient that may interfere with the transfer.
  - Unforeseen circumstances that may interfere with the transfer, e.g., car troubles or accidents, road closures, detours, driver error, etc.
  - Delay in the receipt of needed medical care resulting in adverse consequences to the Patient.
  - Other: \_\_\_\_\_
6. I will ensure that the following is done during the transfer to minimize the risk to the Patient: (initial each):
  - \_\_\_\_\_ The vehicle is in good working condition and is expected to arrive safely at the facility.
  - \_\_\_\_\_ The vehicle will be driven by a person other than the Patient who is competent and qualified to drive the vehicle.
  - \_\_\_\_\_ The Patient will at all times be accompanied by one or more persons who are able to protect and assist the Patient during the transfer.
  - \_\_\_\_\_ The Patient will be driven directly to the other facility without undue delay.
  - \_\_\_\_\_ If any problems arise during the transfer, we will call the Hospital at (208) \_\_\_\_\_, or other appropriate agency that may render assistance.
  - \_\_\_\_\_ Other: \_\_\_\_\_

