## Holland & Hart

## 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:
  - $\Box$  Air or ground ambulance.
  - □ Law enforcement.
  - □ Other:
- 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: \_\_\_\_\_

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- 7. The risks of transfer by private vehicle have been fully explained to me, and I my questions have been answered to my satisfaction.
- 8. I hereby release Hospital and its trustees, officers, employees, agents, contractors, and affiliated healthcare practitioners from any and all liability arising out of my decision to transport the Patient to the other facility by private vehicle.

		am/pm
Patient or Personal Representative	Date	Time
Relationship to Patient		

To be completed by the emergency room physician or other appropriate Hospital representative:

- □ 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 by private vehicle:
  - □ The risks and benefits of transporting the Patient by private vehicle.
  - □ Hospital's obligation to arrange for an appropriate transfer within its capability regardless of Patient's ability to pay consistent with EMTALA.
  - □ The patient's right to receive further examination and treatment at Hospital 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: \_

Physician or Hospital Representative

Date

am/pm

Time

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