



# NorthStar EMS – Non-Transport - Signature Form

PATIENT NAME		PHONE	DATE	CALL #
STREET OR R.F.D		CITY/TOWN		
STATE	ZIP	AGE / DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### Competent Patient

1.  EMS feels transportation is indicated. This is to certify that I, \_\_\_\_\_ am:
- Refusing Treatment. Treatment refused: \_\_\_\_\_
  - Refusing transport offered by the EMS service and its representatives.

**Patient is:** (EMS provider should place their initials beside each of the following indicators after verification)

- \_\_\_\_\_ Over 18 or emancipated minor.
- \_\_\_\_\_ Conscious, alert, oriented, competent, and reliable.
- \_\_\_\_\_ Aware of the risks of refusal as well as the benefits of treatment. The risk and benefits should be documented in the narrative as they were relayed to the patient.

2.  The patient refuses EMS evaluation and transport. EMS feels that transport is not indicated.
3.  The patient is evaluated by EMS and then refuses transport. EMS feels that transport is not warranted.
4.  The patient requests transport. EMS evaluates the patient and feels that transport is not warranted.
- On-Line Medical Control Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

### OLMC Order:

- Transport
- No Transport. The patient is advised to seek medical care through alternative means of transportation.

### Incompetent or Minor Patient

- On-Line Medical Control Requests Transport.
- On-Line Medical Control agrees medical transport not needed.
- The patient or nearest relative is advised to seek medical care through alternative means of transportation.

### Patient / Parent / Guardian Signature

#### HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

#### Waiver of Liability

I have been advised of, and understand, the risks of refusal and the benefits of treatment and transport. I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own or the patient's above medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers, medical directors, and directors from liability resulting from my own, or the patient's above refusal of medical treatment or transportation.

#### Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

#### Witness Signature

I acknowledge that I have witnessed the patient/guardian sign this NorthStar EMS – Non-Transport Form.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Crew Member in Charge: \_\_\_\_\_ Date: \_\_\_\_\_