

**HARRIS COUNTY
HOSPITAL DISTRICT**

1. I, _____ ("Patient"), and the undersigned members of the Patient's family, having been informed of the Patient's need for blood and the risks to the Patient's health if the Patient does not receive blood or blood products, refuse to authorize or consent to the administration of any blood or blood products to the Patient and specifically direct that such not be administered to the Patient by anyone.

(CIRCLE WHICHEVER of a) or b) applies:)

- a) The Patient's refusal is based upon membership in the religious organization known as Jehovah's Witnesses, which limits the acceptance of blood by its members, and the Patient's desire to adhere to those religious tenets and beliefs.
- b) My reason for refusal is _____

2. I (We) understand the Patient has a condition _____, which causes or results in blood loss. I (We) understand that when the amount of blood loss reaches a certain point, there can be serious impairment of the Patient's health or even death, and the administration of blood or blood products is medically indicated and necessary. Although the physicians cannot guarantee that administration of blood or blood products would prevent the Patient's death or serious impairment, the use of blood or blood products does lessen the potential for such injuries by attempting to correct or replace the blood loss.

3. I (We) understand that refusal to authorize the use of blood or blood products can and will in all likelihood result in the Patient's death, or at a minimum serious impairment of the Patient's health, such as brain damage. I (We) understand there is no effective substitute for blood or blood products.

4. I (We) understand that a decision by the Patient at a later time to authorize the use of blood, after the need for blood has arisen, may be too late and administration of blood or blood products at that time may not correct the blood loss or prevent serious impairment or death.

5. In consideration for honoring the Patient's request, the Patient and the undersigned family members, individually and on behalf of the Patient, RELEASE AND AGREE TO HOLD HARMLESS Harris County Hospital District and any of its employees who participate in Patient's health care;

_____; _____; and Baylor College of Medicine
(Physician) (Physician)
or The University of Texas and any of its employees who participate in Patient's health care from any and all liability for honoring this refusal to authorize the administration of blood or blood products or for failing to administer blood or blood products when such would be medically indicated and appropriate. I (We) fully accept all responsibility for injuries to the Patient, including death, which may result from the failure to administer blood or blood products by the above parties.

6. I (We) certify that this form has been fully explained to me (us), that I (we) have read it or have had it read to me (us), * and that I (we) understand its contents. I (We) believe I (we) have sufficient information to make this decision to refuse the use of blood or blood products in any treatment of the Patient and to release the health care providers from liability in this regard.

READ TO PATIENT BY	PRINTED NAME	DATE	TIME
PATIENT'S SIGNATURE	PRINTED NAME	DATE	TIME
WITNESS'S SIGNATURE	PRINTED NAME	DATE	TIME
FAMILY MEMBER'S SIGNATURE	PRINTED NAME	RELATIONSHIP	DATE TIME
WITNESS'S SIGNATURE	PRINTED NAME	DATE	TIME
FAMILY MEMBER'S SIGNATURE	PRINTED NAME	RELATIONSHIP	DATE TIME
WITNESS'S SIGNATURE	PRINTED NAME	DATE	TIME

* Translated Into _____

**REFUSAL TO AUTHORIZE ADMINISTRATION OF
BLOOD OR BLOOD PRODUCTS
AND
RELEASE FROM LIABILITY**

White/Chart Copy

Canary/County Attorney Copy

HCHD 6649 (9/90)

Supplemental Digital Content 1. The consent form used at the authors' institution when patients refuse to accept administration of blood or blood products. This form releases the institution and its employees from liability for honoring the patient's refusal to treatment in this regard. Used with permission from Harris Health System, Houston, TX.