LOCATION: Daniel Drake Center   University of Cincinnati Medical Center   West Chester Hospital

I ____________________________, a patient at the UC Health facility identified above, am leaving against the advice of the Attending Physician, ____________________________ and the Hospital Administration.

I acknowledge that I have been informed about the dangers and risks involved and understand the seriousness of my decision and hereby release, the identified UC Health facility, the Attending Physician, the Hospital Administration and their employees, from all responsibility for any consequences resulting from my leaving the hospital against the advice of my physicians.

_________________________________________   __________________________________________
Date/Time   Name of Patient or Authorized Representative

If patient is a minor or incapable of signing

_________________________________________   __________________________________________
Signature   Relationship to Patient

_________________________________________   __________________________________________
Date/Time   Signature of Witness

☐ Patient/Patient Representative Refused to Sign Release (Must have two witnesses sign)

☐ Patient left prior to obtaining signature

_________________________________________   __________________________________________
Date/Time   Signature of Witness

_________________________________________   __________________________________________
Date/Time   Signature of Witness