

 <p>HAWAII HEALTH SYSTEMS CORPORATION Quality Healthcare for All</p> <p>PROCEDURE</p>	<p>Department:</p> <p>Legal</p>	<p>Policy No.</p> <p>PAT 0003B</p>
		<p>Supersedes Policy No.</p>
<p>Subject:</p> <p>Emergency Medical Treatment and Labor Act (EMTALA)</p>	<p>Approved By:</p> <p><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: HHSC President & CEO</p>	<p>Approved Date:</p> <p>May 26, 2022</p>
		<p>Last Reviewed:</p> <p>March 4, 2022</p>

I. PURPOSE:

To outline the responsibilities of Hawaii Health Systems Corporation (HHSC) Hospitals with Dedicated Emergency Departments as defined by the Emergency Medical Treatment and Labor Act (EMTALA), regarding Medical Screening Examinations, Stabilizing Treatment, and an appropriate Transfer where indicated, as required by the Emergency Medical Treatment and Labor Act (EMTALA).

II. PROCEDURES:

A. EMTALA PROCESS

1. Applicability.

- a. Location. This portion of the procedure applies to all HHSC Hospitals with a DED, including:
 - i. Any department on the Hospital's main campus; and
 - ii. Hospital Property within 250 yards of the main buildings, including Hospital-maintained sidewalks, driveways, parking lots.
- b. This procedure does not apply to:
 - i. Off-campus facilities unless such facilities have a DED; or
 - ii. Facilities that are not controlled by the Hospital or other parts of the Hospital that participate separately under Medicare (e.g., physician offices on Hospital Property, skilled nursing facilities, rural health centers); or
 - iii. Other nonmedical facilities such as restaurants or shops.
- c. Individuals. This procedure applies to any individual who "Comes to the Emergency Department." "Comes to the Emergency Department" means an individual who:
 - i. Has presented at a Hospital's DED and requests examination or treatment for a medical condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition; or
 - ii. Has presented on Hospital Property, other than a DED, and requests examination or treatment for what may be an Emergency Medical Condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request

on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment.

- iii. HHSC acknowledges that EMTALA applies to ground and air ambulances owned and operated by the Hospital. Because HHSC facilities do not own and operate ground and air ambulances these regulations do not apply to HHSC facilities and are therefore not addressed by this HHSC Procedure. Should any HHSC facility acquire and operate a Hospital owned ground or air ambulance it must comply with all related EMTALA regulations.
- d. This Procedure does not apply to Patients. Patients are defined as:
 - i. Individuals who have been admitted to the Hospital as Patients (Inpatients); or
 - ii. Individuals who have begun receiving treatment as an outpatient, other than treatment that the Hospital is obligated by EMTALA to provide (Outpatients) even if the Patient develops an Emergency Medical Condition after they begin their outpatient treatment.

B. Triage and Registration

1. Triage

- a. Where Triage is performed, it should be done as soon as practical after arrival; individuals who come to the DED as described above will be Triageed according to Hospital policy and procedure.

2. Registration

- a. Each Hospital must develop a registration policy and procedure that addresses timing and method of registration and collection of the individual's co-pays at time of service.
- b. A Hospital may follow its normal registration policy and procedure for individuals who come to the DED, including collecting elements of individual's registration, such as demographics, so long as:
 - i. The Hospital does not delay the provision of an MSE or any necessary Stabilizing Treatment to inquire about the individual's method of payment or insurance status or seek payment for services.
 - ii. The registration procedure does not delay the provision of an MSE and any necessary Stabilizing Treatment.
 - iii. Staff may respond to an individual's questions about insurance coverage prior to providing an MSE and any necessary Stabilizing Treatment as long as such activity does not delay needed MSE and any necessary Stabilizing Treatment, or induce an individual to leave without an MSE or Stabilizing Treatment if needed.
 - iv. Prior authorization from the individual's medical insurance plan must not be required or requested before providing an MSE and starting any necessary Stabilizing Treatment.
 - a. Once a Hospital has conducted the MSE and started the necessary Stabilizing Treatment, the Hospital may seek authorization for all services from the plan, so long as it does not delay implementation of the required MSE and Stabilizing Treatment.

Hospitals are not precluded from collecting co-pays from individuals as long as such activity does not delay needed MSE or Stabilizing Treatment, or induce individuals to leave without examination or treatment.

C. Medical Screening Examination (MSE)

1. **An Appropriate MSE is required when:** An individual “Comes to the Emergency Department” requesting examination or treatment, as defined in this procedure. The Hospital must not discriminate against any individual on the basis of financial status, ability to pay, diagnosis, age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or express, disability, veteran or military status or any other basis prohibited by federal, state or local law when providing an MSE.
 - a. A minor can request an examination or treatment for an EMC. Hospital personnel should not delay the MSE by waiting for parental consent.
 - b. If, after screening the minor, it is determined that no EMC is present, the staff may wait for parental consent before proceeding with further examination and treatment.
2. **Appropriate MSE.** An appropriate MSE is as follows:
 - a. The MSE must be performed by a QMP.
 - b. QMP are not precluded from contacting the individual’s physician at any time to seek advice regarding medical history and needs that may be relevant to the MSE, as long as the consultation does not inappropriately delay services required.
 - c. The extent of the necessary examination to determine whether an EMC exists is generally within the judgment and discretion of the physician or other QMP performing the MSE.
 - d. The MSE must include ancillary services routinely available to the DED.
 - e. The MSE may vary depending on the individual’s signs and symptoms but should be uniform for individuals presenting with similar signs and symptoms.
3. **An MSE is Not Required When:**
 - a. An individual presents to a DED and requests services that are not examination or treatment for an EMC:
 - i. Such as preventative care services or medications that are not required to Stabilize an EMC. An example is an individual who presents to the DED requesting a flu vaccine because it is flu season, which is a preventative care service.
 - ii. Such as gathering evidence for criminal law cases. When the request is made only to collect evidence, not to analyze the results or otherwise examine or treat the individual, no EMTALA obligation exists.
 - b. An individual appears for non-emergency tests or pursuant to a previously scheduled visit, such as when a physician refers an individual to the DED for non-emergency testing and evaluation.
 - i. The Hospital must ensure and document that no EMC was present or that no request was made to examine or treat the individual for an EMC.
 - c. An individual presents to the DED for medical care that is, by its nature, clearly unlikely to involve an EMC.
 - i. The individual’s statement that the individual is not seeking emergency care, together with brief questioning by QMP, is sufficient to establish that there is no EMC.
 - ii. If the individual presents to the DED solely to fill a physician’s order for a non-emergency test, a QMP is not required to question or examine the individual.

- a. The QMP should, however, question the individual to confirm that no EMC exists if the individual requests treatment for a non-emergency condition unrelated to the physician's order.
- d. The Hospital is in Diversionary Status. A Hospital may divert individuals in ambulances to other facilities when it is in official Diversionary Status because it does not have the Capability or Capacity to accept any additional individuals at the time.
 - i. If an individual is in a non-Hospital owned ambulance, and not on Hospital Property, and the Hospital is in Diversionary Status, an MSE is not required even if the ambulance personnel contact the Hospital by telephone or telemetry communications and informs the Hospital that they want to transport the individual to the Hospital for exam and treatment. If the ambulance staff disregards the Hospital's Diversion instructions and transports the individual on to Hospital Property, the individual has "Come to the Emergency Department" and the Hospital must perform an appropriate MSE.
 - ii. A Hospital not in official Diversionary Status must accept a telephone or radio request for Transfer or admission.
 - iii. The Hospital must develop and adopt written criteria that describe the conditions under which any or all of the Hospital's emergency services are deemed to be at maximum Capacity.
 - iv. The Hospital must maintain written records documenting the date and time of the start and end of each period of Diversionary Status.
- e. Use of Hospital-owned helipad on Hospital Property for individual medical transport. No MSE is required for individuals being transported by local ambulance services or other Hospitals to tertiary Hospitals throughout the state through use of a Hospital-owned helipad on the Hospital's property by local ambulance services or other Hospitals as long as the sending Hospital conducted the MSE prior to transporting the individual to the helipad for medical helicopter transport to a designated recipient Hospital.
 - i. The sending Hospital is responsible for conducting the MSE prior to Transfer to determine if an EMC exists and implementing Stabilizing Treatment or conducting an appropriate Transfer.
 - ii. If the individual's condition deteriorates while being transported to the helipad or while at the helipad, the Hospital at which the helipad is located must provide another MSE and Stabilizing Treatment within its Capacity if requested by medical personnel accompanying the individual.
 - iii. If, as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential EMC, the Hospital with the helipad does not have an EMTALA obligation if they are not the recipient Hospital, unless a request is made by EMS personnel, the individual, or a legally responsible person acting on the individual's behalf for the examination or treatment of an EMC.
- f. Off campus, non-DED. If an individual requests emergency care in a Hospital department off the Hospital's main campus that does not meet the definition of a DED, EMTALA does not apply and the Hospital department is not obligated to perform an MSE. The off-campus department must have policies and procedures in place as to how to handle individuals in need of immediate care.

D. Stabilization and Treatment of Individuals Who Have an EMC

- 1. If an individual is determined to have an EMC, the Hospital must:

- a. Stabilize the EMC, including conducting further medical examination and treatment, within the staff and facilities available at the Hospital, including physicians who are on-call for duty after the initial examination; or
- b. The treating physician must determine, with reasonable clinical confidence, that the individual is Stabilized and the EMC has been resolved.
- c. Transfer the individual to another medical facility, in accordance with this procedure, if the Hospital lacks the Capability or Capacity to treat the individual.

E. Appropriate Transfer or Discharge

1. **Stabilized person.** If an individual is Stabilized, or is found to not have an EMC, EMTALA requirements do not apply. The Hospital may discharge or Transfer the individual as appropriate. The individual's Stabilized condition should be documented in the medical records. An individual is Stabilized under the following circumstances:
 - a. Discharge. If the individual does not need continued care, or no material deterioration is likely to result if the individual receives continued care as an Outpatient or later as an Inpatient.
 1. Discharged individuals must be given a plan for appropriate follow-up care and discharge instructions in accordance with Hospital policy.
 - b. Transfer to another facility. If the individual's EMC is resolved, but an underlying medical condition remains, and/or no material deterioration of the individual's condition is likely to result from or occur during the Transfer.
 - c. Pregnant woman having contractions. If the woman has delivered the child and the placenta, or has been determined by QMP to be in false Labor after a reasonable period of observation.
 - d. Psychiatric conditions. If the person is not in danger of harming themselves or others.
2. **Un-Stabilized person.** If an individual is not Stabilized, the Hospital will not discharge or Transfer the person unless the following conditions are met:
 - a. Individual consent or Physician certification is received.
 1. Individual being treated consents. After being informed of the risks of Transfer and of the Hospital's obligation to treat the EMC, the individual requests to be Transferred; or
 2. Physician certification. Based on the information available at the time of Transfer, the Hospital determines that it does not have the necessary medical and/or staffing resources to properly stabilize the individual and the physician determines that the medical benefits to be received at another medical facility outweigh the risks to the individual of being Transferred and a certification to this effect is signed by the physician.
 - a. In the case of a woman in Labor, the risks to the unborn child must be considered as well.
 - b. Medical treatment is administered. The Transferring Hospital provides medical treatment within its Capacity that minimized the risk to the individual's health or the health of the unborn child during Transfer.
 - c. Consent, Capacity and Capability of Receiving Hospital is confirmed. The Receiving Hospital must have the Capability and Capacity to treat the individual's EMC, and the consent of the Receiving Hospital must be

obtained and documented in the individual's medical record before Transfer.

- d. Medical Records are Sent. The Transferring Hospital must provide all available medical records, as well as the name and address of any on-call physician who has refused or failed to provide necessary Stabilizing Treatment.
- e. Qualified Personnel and Transportation is Arranged For. The Transfer must be effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the Transfer.

F. Refusal of Treatment or Transfer

1. An individual has a right to refuse examination, treatment or Transfer. In such cases, the Hospital must:
 - a. Document in the medical record a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual; and
 - b. Explain to the individual the risks/benefits of the examination and/or treatment and/or Transfer and document in the medical record that such risks and benefits were explained; and
 - c. Take all reasonable steps to have the individual acknowledge their refusal of further examination, treatment, and/or Transfer in writing; and
 - d. If the individual refuses to acknowledge their refusal in writing, the Hospital must document in the individual's medical record the refusal and document the steps taken to secure the written informed refusal.

G. When Hospital's EMTALA Obligations End

1. The Hospital's EMTALA obligation ends when a physician or QMP has determined that:
 - a. No EMC exists, even though the underlying medical condition may persist;
 - b. That an EMC exists and the individual is Stabilized and discharged;
 - c. An EMC exists and the individual is appropriately Transferred to another facility; or
 - d. An EMC exists and the individual is admitted to the Hospital as Inpatient for further Stabilizing Treatment;
 - i. An individual is considered to be an Inpatient when the individual is formally admitted to the Hospital by a physician's order.
 - ii. An individual placed in observation status is not considered admitted as an Inpatient and the Hospital's EMTALA obligations must continue.

III. EMTALA SIGNAGE.

- A. The Hospital must conspicuously post a sign(s) in all DEDs or in places likely to be noticed by all individuals entering the DED, or individuals waiting for examination and treatment, that includes:
 1. Specifies rights of individuals with respect to examination and treatment for EMCs and women in Labor; and
 2. Indicates whether or not the Hospital participates in the Medicaid program under a State plan approved under Title XXIX; and
 3. Contains the following information:
 - a. You have the right to receive, within the Capabilities of this Hospital's staff and facilities:
 - i. An appropriate Medical Screening Examination;

- ii. Stabilizing Treatment (including treatment for an unborn child); and if necessary;
 - iii. An appropriate Transfer to another facility even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.
- B. Such signs should be visible and readable from a distance of 20 feet, or generally about 18" to 20" high.
- C. The wording of the sign(s) must be clear and in simple terms and language that are understandable by the population served by the Hospital.

IV. **LOGS AND PATIENT RECORDS**

A. Central Log

1. Hospitals must maintain a central log on each individual who "Comes to the Emergency Department" seeking assistance and whether treatment was refused, or whether the individual was Transferred, admitted and treated, Stabilized and Transferred, or discharged.
2. Hospitals have the discretion to maintain the log in a form that best meets the needs of the Hospital, including maintaining its central log in an electronic format.
3. The central log includes, directly or by reference, Patient logs from the other areas of the Hospital that may be considered DEDs, such as pediatrics, psychiatry, and Labor and delivery where individuals may present for emergency services or receive an MSE.

B. Patient Record

1. Patient record must be created for each individual who "Comes to the Emergency Department" whether treated or not treated. The record must include
 - a. A record of refusal of treatment with documentation of explanatory details.
 - b. A record of refusal of Transfer with documentation of explanatory details.
 - c. A record of the Transfer consent or certification.
2. A copy of records accompanying a Transfer and details of all records to be sent to the Receiving Hospital.
3. A record documenting any failure of on-call physician to provide medical care.
4. For pregnant women, the medical records should show evidence that the MSE included ongoing evaluation of fetal heart tones, regularity and duration of uterine contractions, fetal position and station, cervical dilation, and status of the membranes.

- C. **Record Retention.** Medical records of individuals Transferred to or from the Hospital must be retained in their original or legally reproduced form for a period of five years from the date of Transfer.

- V. **ON-CALL PHYSICIAN LISTS.** Hospitals should strive to provide adequate specialty on-call coverage consistent with the services provided at the Hospital and the resources the Hospital has available. Hospital administrators and the physicians who provide the on-call services have flexibility regarding how to configure an on-call coverage system.

Hospitals must maintain a list of on-call physicians who can provide further evaluation and/or treatment necessary to Stabilize an individual with an EMC, after the initial examination.

A. The On-Call Physician List must:

1. Reflect all areas of practice generally available at the Hospital; and

2. When there are insufficient physicians in an area of practice to provide full call, each physician in that area assumes a reasonable response obligation;
 - a. Reasonable response obligation means that the level of call is:
 - i. Provided consistent with the resources (i.e., specialists) subject to call; and
 - ii. The plan for managing an individual who requires specialized care at a time when the Hospital does not have call coverage for that specialty must be objectively reasonable (i.e. a policy that acknowledges when Transfers are needed)
3. Prospectively assign call obligations;
4. Can be used to retrospectively identify call obligations;
5. Be published or otherwise made known to physicians;
6. Individual physician names are to be identified on the list with their accurate contact information.
 - a. Physician group names may not be used for identifying the on-call physician.
7. On-call list records must be maintained indefinitely.

B. On-Call Physicians to the DED must:

1. Be composed of physicians who are current members of the medical staff or who have Hospital privileges; and
2. Be up to date and accurately reflect the current privileges of the physicians on-call.

C. Hospitals must have policies and procedures that:

1. Define the responsibility of the on-call physicians to respond to the bedside to examine and treat individuals with EMCs and that establish expected reasonable response times for on-call physicians;
 - a. Established expected response times for on-call physicians is not required to be a stated in terms of specific or exact times.
 - b. Reasonable response times must be determined by:
 - i. The degree of severity of the EMC; and
 - ii. Ensuring that the welfare of the individual being treated is not endangered.
2. Address situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.
3. Provide how to manage emergency services to meet the needs of individuals with EMCs if a Hospital elects to:
 - a. Permit on-call physicians to schedule elective surgery during the time that they are on call;
 - b. Permit on-call physicians to have simultaneous on-call duties; or
 - c. Participate in a formal community call plan.
4. When specialty physicians are on call during their own office hours, it is generally unacceptable to refer emergency cases to their offices for examination and treatment if an unstable EMC exists.

VI. ACCEPTING TRANSFERS. To the extent that the Hospital has specialized Capabilities (including Capabilities available through the Hospital's on-call roster) or facilities, such as a burn unit, a shock-trauma unit or a neonatal intensive care unit, that are not available at the Transferring facility, the Hospital must accept appropriate Transfers of an individual needing such specialized Capabilities if the Hospital has the Capacity to treat the individual.

- A. **Hospital Designated Individual.** Each Hospital must have a policy that designates the personnel or categories of personnel authorized to accept or reject Transfers from another Hospital on behalf of the Hospital.
1. Examples of authorized personnel may include house nursing supervisors, and Emergency Department physicians.
- B. **Obligations of Hospital Designated Individual.** Each Hospital develops policy to ensure that personnel who accept or reject another facility's request for Transfer:
1. Record the request,
 2. Respond to the request, and
 3. Document the basis for any denial of such a request.
- C. **Reporting Responsibilities of Receiving Hospital.**
1. A Receiving Hospital that suspects it may have received an improperly Transferred Patient (Transfer of an unstable individual with an EMC who was not provided an appropriate Transfer according to EMTALA), is required to promptly report the incident to CMS or the state Agency within 72 hours of the occurrence.
 2. Each Hospital must reference in its EMTALA policy a resource, such as its Hospital Compliance Officer, to provide guidance on its reporting obligation under EMTALA.

VII. AUDITING AND MONITORING.

- A. HHSC Hospitals' compliance with EMTALA is monitored by applicable clinical managers, directors, administrators, department medical directors and medical staff members, risk management, or compliance.
- B. Each Hospital designates by policy the persons and or departments responsible for auditing and monitoring compliance with EMTALA.

VIII. ATTACHMENT(S):

- Sample Transfer Forms
- Sample EMTALA Sign

HOSPITAL NAME
Request for Transfer /
Consent for Treatment / Certification for Transfer
Transfer Date: _____ Time: _____

Patient Name: _____
MR#: _____ Acct#: _____
Physician: _____

I. PHYSICIAN CERTIFICATION

- No Emergency Medical Condition ("EMC") Identified or Inpatient Transfer:** (1) Patient has been examined and an EMC has not been identified or (2) Patient has been admitted as an inpatient in good faith in order to stabilize the EMC.
- Patient Stable.** Patient has been examined and patient's EMC has been stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.
- Patient Unstable.** Patient has been examined, an EMC has been identified, and patient is not stable, but transfer is medically indicated and in the best interest of the patient. I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I verify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to this patient and in the case of a patient in labor, the health of the unborn child, from being transferred.

II. REASON FOR TRANSFER: **Medically Indicated** **Patient Requested**

On-call physician refused or failed to respond within a reasonable period of time.

On-call physician name / Contact number: _____ Verified by: _____

III. BENEFIT AND RISK OF TRANSFER: (Check all that apply)*

Benefits:

- Necessary staff resources or capabilities not available at this facility.
 Appropriate specialized care is not available at this facility.
 Other _____

Risks:

- Deterioration of condition during transfer.
 If pregnant, worsening of the unborn child's condition or death during transfer.
 Other _____

* All transfers have inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain, turbulence, and the limitation of equipment and personnel present in the vehicles, all of which may endanger the health, medical safety, and survival of the patient and in the case of a patient in labor, the health of the unborn child.

I certify that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to the patient and, in the case of labor, to the unborn child, from affecting the transfer.

Physician /Qualified Medical Staff Signature: _____ Date _____ Time _____
Physician Countersignature, if applicable: _____ Date _____ Time _____

IV. RECEIVING FACILITY AND PHYSICIAN

- Receiving physician has agreed to accept patient transfer
Receiving physician's name _____ Contact time _____
- Receiving facility has agreed to accept patient transfer, provide appropriate personnel and treatment, and has available space.
Receiving facility name _____ Contact time _____

V. MODE/SUPPORT/TREATMENT DURING TRANSFER (Check all applicable items)

***Mode of transportation for transfer:** Ground Ambulance Air Transport Private Car Law Enforcement Other _____

* If Private Car is selected, complete the attached Transfer by Private Vehicle form

Support/Treatment during transfer: Cardiac Monitor Oxygen (liters) _____ Pulse Oximeter IV Pump
 IV Fluid _____ Rate _____ Restraints – Type _____ Other _____ None
 RN RT ER Tech Other _____

VI. ASSESSMENT PRIOR TO TRANSFER:

Pre-Transfer Assessment/Vital Signs: HR _____ RR _____ BP _____ O2Sat _____

Patient remains Stable Unstable, transfer outweighs risk. Physician signature: _____ Time: _____

VII. ACCOMPANYING DOCUMENTATION: Sent via Patient/Responsible Party Fax Transporter

- Copy of pertinent medical record Lab/EKG/X-Ray Copy of Transfer Form Court Order
 Advance Directive Other _____

Report given to receiving facility (Person's name / title) _____

Time of Transfer _____ Date _____ Nurse's name and signature _____

VIII PATIENT CONSENT TO "MEDICALLY INDICATED" OR "PATIENT REQUESTED" TRANSFER:

- I hereby CONSENT TO TRANSFER to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made.
- I hereby REQUEST TRANSFER to _____. I understand and have considered the facility's responsibilities, the risks and benefits of transfer, and the physician's recommendation. I make this request upon my own suggestion and not that of the facility, physician, or anyone associated with this facility. **The reason I request transfer is** _____. **I authorize** the receiving facility to provide transferring Hospital and my physician with information and copies of my medical records for purposes of continuity of care and/or quality assurance and peer review.

Patient/Legal Representative Signature _____ Date _____ Time _____

Relationship if other than patient _____

Witness signature _____ Date _____ Time _____

Interpreter name/ID#/Signature _____ Date _____ Time _____

HOSPITAL NAME
Request for Transfer /
Consent for Treatment / Certification for Transfer
Transfer Date: _____ Time: _____

Patient Name: _____
MR#: _____ Acct#: _____
Physician: _____

PATIENT'S REFUSAL OF TRANSFER

I hereby acknowledge that a physician or qualified medical staff member of this facility ("Facility") has informed me of the nature of my medical condition and about the risks and complications that might arise if I am not transferred to another facility for further medical examination and treatment. The Facility has also explained to me the risks and expected benefits of being transferred to another facility as well as potential risks of refusing the transfer.

The expected benefits of the recommended transfer and further examination and treatment include, but may not be limited to: _____

The risks of not being transferred and receiving the recommended further examination and treatment include, but may not be limited to: _____

I understand that if I am not transferred to another facility, my health and life, and if in labor, the health and life of my unborn child, may be at risk. I understand that the Facility, within its capability and capacity, is obligated by federal law to provide me with further examination to the extent necessary to determine whether I have an emergency medical condition and with treatment necessary to stabilize any emergency medical condition, regardless of whether I: (1) am able to pay for that examination and/or treatment or (2) have or do not have health insurance.

Notwithstanding the recommendation of the Facility, I hereby request that I not be transferred to another facility because: _____

I hereby release the Facility, HHSC, its personnel, my attending physician, and any other persons participating in my care from any responsibility whatsoever from unfavorable or untoward results which I understand may occur as a result of my refusal of the recommended transfer.

Date: _____ Time: _____ a.m./p.m.
Patient's Signature: _____ or Signature for Patient by: _____
Witnessed by: _____ Relationship: _____

COPY MUST BE ENTERED INTO PATIENT'S MEDICAL RECORD

Name:
MR#: Account#:
Doctor:
Date:

PREPARE THE APPROPRIATE ENVELOPES AS FOLLOWS:

Xeroxed **Air Transport:**

- Brigg's Patient Transfer Form*
- Air Transport Transfer Form*
- Dept. of Human Resources Form 208 ♦
- Insurance Information

Ground Ambulance

- Brigg's Patient Transfer Form*
- Insurance Information

Diagnostic Studies

- Brigg's Patient Transfer Form*
- Consents*
- Insurance Information
- Test Requisition*
- Copies of related X-rays ♦

***Indicates Mandatory for Transfer**

Xeroxed **Receiving Facility:**

- Brigg's Patient Transfer Form*
- Consent*
- Face Sheet*
- Insurance Information
- Accompanying Linen/Equipment List ♦
- History & Physical ♦
- Copy of Advanced Directives *(if applicable)*
- History & Physical ♦
- Discharge Summary ♦
- Emergency Record ♦
- Progress Notes ♦
- Flow Sheets ♦
- Lab Reports ♦
- Xrays ♦
- EKGs ♦
- Medical Profiles
- Other:

♦Mandatory if they apply

Above marked envelopes given to:

ARRANGEMENTS FOR TRANSFER AND DIAGNOSTIC STUDIES:

Air Transport

N/A

Initiated by _____

@ _____ on ____ / ____ / ____

ETA is _____ Confirmed @ _____

Crash Fire notified @ _____

Ambulance notified of ETA @ _____

Ground Ambulance

Transport Ambulance beeped @ _____

Responded @ _____

Medic 20, if Emergent or
Transport Ambulance not available
Authorization @ _____

Diagnostic Studies

N/A

Scheduled with Tech on ____ / ____ / ____ @ _____

Off hours and Weekends – Call by Physician to Radiologist @ _____

Personnel or Equipment sent from Facility: _____

NOTIFY FOR TRANSFERS :

Monday – Friday (0700-1530),
Name of Person notification given to _____

After Hours and Weekends, notify _____

Other ER notified _____

It's The Law

You have the right to receive within the capabilities of this Hospital's staff and facilities:

- **An appropriate Medical Screening Examination;**
- **Necessary Stabilizing Treatment (including treatment for an unborn child); and if necessary**
- **An appropriate Transfer to another facility,**

Even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.

This Facility Participates in the State Medicaid Program