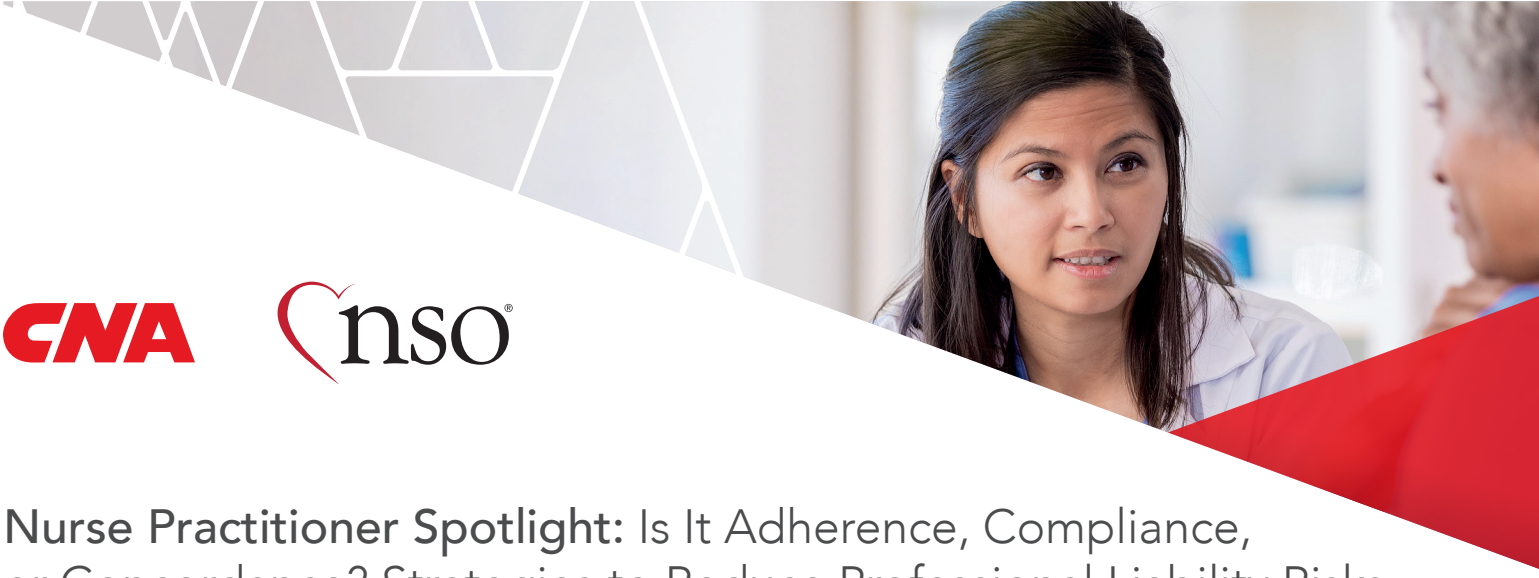

Nurse Practitioner Spotlight: Is It Adherence, Compliance, or Concordance? Strategies to Reduce Professional Liability Risks When Patients Do Not Follow Treatment Plans

Nurses Service Organization (NSO), in collaboration with CNA, has published our 5th Edition of the CNA/NSO *Nurse Practitioner Liability Exposure Claim Report*. It includes statistical data and case scenarios from CNA claim files, as well as risk management recommendations designed to help nurse practitioners (NPs) reduce their malpractice exposures and improve patient safety.

You may access the complete report, and additional Risk Control Spotlights, at: www.nso.com/NPclaimreport.

This Nurse Practitioner Spotlight focuses on an analysis and risk recommendations regarding one of the most significant topics affecting the profession: **Is It Adherence, Compliance, or Concordance? Strategies to Reduce Professional Liability Risks When Patients Do Not Follow Treatment Plans.**

Reasons a Patient May Not Follow a Treatment Plan	
Fear	Patients may be frightened of potential side effects or side effects they had previously with the same or a similar medication. They may have witnessed side effects experienced by a friend or family member who was taking the same or a similar medication and believe that the medication caused these problems.
Misunderstanding	Patients may not understand the need for the medicine, the nature of side effects or the expected time it will take to see results. This is particularly true for patients with chronic illness because taking a medicine every day so that "nothing happens" can be confusing. Failure to see immediate improvement may lead to premature discontinuation.
Lack of Symptoms	Patients who don't feel any differently when they start or stop their medicine may see no reason to take it.
Depression	Patients who are depressed are less likely to take their medications as prescribed.
Cost	Cost of medicine can be a barrier to adherence. Patients may not fill medications in the first place or ration what they do fill to extend their supply.
Too many medications	The greater the number of different medicines prescribed and the higher the dosing frequency, the more likely a patient is to be nonadherent.
Worry	Concerns about becoming dependent on a medicine also leads to nonadherence.
Mistrust	Patients may be suspicious of their doctor's motives for prescribing certain medications because of recent news overage of marketing efforts by pharmaceutical companies influencing physician prescribing patterns.

Terminology

At some point in their careers, all nurse practitioners (NPs)–regardless of practice setting or experience–have encountered patients who declined to follow a recommended treatment plan. Patients may decline treatment for a variety of reasons-ranging from inability or unwillingness to follow a course of therapy, repeated missed appointments, rejecting treatment recommendations, reluctance to take medications, or refusal to provide information. If left unaddressed, such conduct may result in adverse patient outcomes and potential litigation.

Medication Adherence: Improve Patient Outcomes and Reduce Costs | Patient Care | AMA STEPS Forward | AMA Ed Hub

Various terms are used to describe whether a patient follows a prescribed treatment plan. Understanding the distinctions between those terms can guide an NP to an appropriate solution(s), as well as minimize professional liability risks. Although these terms may appear to describe similar patient behaviors, they are not interchangeable. Instead, they reflect differing perspectives on the role of patient's input in the treatment decision-making process.

- **Adherence:** An active and intentional decision by a patient to follow a prescribed treatment plan, while taking responsibility for their own well-being. Adherence is a positive, proactive behavior, which results in a lifestyle change such as following a daily regimen, taking medications as prescribed or engaging in exercise. The provider's role is of a guiding expert with a collaborative relationship with the patient. While adherence emphasizes collaboration and shared decision-making, it remains fundamentally provider centered. (Chakrabarti, 2014).
- **Compliance:** A passive behavior in which a patient follows a list of instructions or a "*to do list*" directed by a healthcare provider. Compliance, as an older term, suggests that a treatment plan is one-sided and paternalistic, which disregards the patient's thoughts and perspectives about their own healthcare. The term patient compliance has been frequently used to describe medication-taking behaviors. However, it has become problematic because it refers to a process where the provider decides on a suitable treatment, which the patient is expected to comply with unquestioningly (Chakrabarti, 2014).
- **Concordance:** A collaborative process reached on the basis of a discussion between provider and patient, where the views of both parties, especially the patient's, were considered. A concept in which the patient's and provider's perspectives on treatment are considered. Concordance involves a broader process consisting of open discussions with the patient, imparting information and supporting patients regarding long-term treatment plans. Concordance entertains patients' views on medication use and acknowledges that their views have to be respected even if they make choices which appear to be in conflict with the clinician's views. While concordance places the patient as an equal partner with shared decision making, the process may be time-intensive which is difficult in a routine follow-up office visit (Chakrabarti, 2014).

Below are examples using similar clinical scenarios to highlight the differences between adherence, compliance, and concordance.

Each scenario includes a patient with a new diagnosis of Type 2 Diabetes (HgbA1C 8.9 percent) who was prescribed Metformin. The patient's last HgbA1C drawn the year prior at his annual wellness indicated he was prediabetic (HgbA1C 6.4 percent). Diet, weight loss, increasing physical activity and managing carbohydrate intake was discussed with the patient at that time. The provider instructed the patient to take *"Metformin 500 mg: one tablet daily with a meal, for seven days. On day eight, increase dose of Metformin 500 mg to twice a day"*. The patient was informed about the side effects that could occur with the medication and instructed to contact the office with any concerns or questions. After being on the medication for a few weeks, the patient began to experience severe gastrointestinal (GI) upset.

- **Scenario Adherence:** The patient recalled reading that GI upset was a side effect of Metformin, and, despite his best efforts to adjust his diet, the medication continued to cause GI distress. The patient stopped the medication, and his symptoms quickly improved. After five days of being off Metformin, the patient made an appointment with the provider to discuss other medication options to help treat his diabetes.
- **Scenario Compliance:** The patient continued taking the medication until his three month follow up appointment. During the appointment, the patient reported that he had been taking Metformin as prescribed and had a concern with some ongoing GI distress, which had caused him to miss work. The provider reassured the patient that his symptoms were due to Metformin and offered to prescribe a different medication to take for his diabetes.
- **Scenario Concordance:** The patient recalled reading that GI upset was a side effect of Metformin, and, despite his best efforts to adjust his diet, the medication continued to cause him issues. The patient stopped the medication, and his GI symptoms quickly improved. After five days of being off Metformin, the patient made an appointment with the provider to discuss other options than taking medication to treat his diabetes. He reported that he wished to try exercise and diet to control his diabetes as he did not want to take medications. After being informed of the risks of not controlling his blood sugar, a plan was made to recheck his A1C in three months and revisit the discussion of taking diabetic medication.

Both compliance and adherence focus on patient-behaviors for the treatment planning process, while concordance highlights an equal and effective therapeutic relationship, which supports the patient during the course of treatment.

Concordance is not a replacement term for compliance or adherence. Instead, it is a concept that emphasizes an open dialog between a provider and patient about a course of therapy. This dialog considers each other's perspective and entertains a patient's view on treatment planning and acknowledges that those views should be respected even when they differ from clinical recommendations.

Mutual trust and respect are the foundation of the provider-patient relationship and must be consistently reinforced over time. Trust and respect depend in turn upon effective communication, which goes beyond simply speaking to patients.

While effective communication is essential, it alone may not protect against litigation if a patient continues to decline to follow a treatment plan. Sound and concise healthcare documentation is critical and should include confirmation with the agreed upon treatment plan, discussions of barriers to treatment, and risks of potential harmful consequences of not following the treatment plan.

Applying Knowledge into Practice

Timely intervention and sound documentation are critical to minimize and limit the impact of recalcitrant patient behavior. In situations where clinical impasses arise, NPs must know how to negotiate with the patient in a respectful manner, balancing patients' values and treatment care preferences against their own judgment and expertise. If an NP proposes changes to a treatment plan—such as altering medications or deferring diagnostic testing—they must ensure that these modifications remain within their legal scope of practice as defined by their state's laws.

If left unaddressed, a patient's ongoing refusal to follow treatment plans can result in adverse patient outcomes and potential litigation. To help protect against litigation, an NP may believe that the only option is to terminate the patient-provider relationship. However, there are several alternative steps an NP may want to consider before terminating a patient-provider relationship, including but not limited to the following:

- **Schedule an appointment with the patient to specifically communicate why a treatment plan or lifestyle change is important and how to best implement a recommended course of action.** Explore the patient's fears or concerns that might pose a barrier to carrying out the plan. While following patient privacy laws and regulations, encourage the patient to include a family member or close personal contact at the appointment for support as well as to serve as a witness to the information shared. Document the name and relationship of the person attending the appointment in the healthcare information record.
- **Ascertain if medication affordability is a cause of not following a treatment plan.** About one-quarter of patients with chronic health conditions underuse their medications due to costs. The provider may try switching to generic or older medications as a viable option. However, if the affordability is still an issue, there are a variety of prescription assistance programs that can provide free or reduced-cost medications to eligible individuals. Below are examples of medication assistance programs that may be available:
  - **Pharmaceutical Patient Assistance Programs:** Many pharmaceutical companies offer their company's medications for free or at a reduced cost to individuals who cannot afford them.
  - **Regional and State Pharmaceutical Assistance Programs:** Many states have programs that provide financial assistance (e.g., such as reduced prices or cover costs like premiums, deductibles, and copays) for prescription drugs to eligible residents.
  - **Charitable Patient Assistance Program (CPAPs):** Nonprofit organizations provide financial assistance to eligible patients. They may help with out-of-pocket costs for prescription medications.
  - **Prescriptive Savings Websites, Cards or Mobile Applications:** These companies are a telemedicine platform with free-to-use websites and mobile apps that track prescription drug prices in the United States and provide drug coupons for discounts on medications. The downside to this service is the cheaper prices may not last long-term and marketers can obtain a patient's personal health information.
  - **Retail Pharmacy Discount Programs:** Online and brick and mortar retail stores also offer prescription drug programs for 30 and 90-day prescriptions of commonly used generic medications at low prices. The patient may find that drugs covered by the program may vary by state and some retailers require that patients purchase an annual membership.
- **Use an against medical advice (AMA) or informed refusal form. AMA and informed refusal forms should be executed anytime a patient refuses or declines to follow medical advice.** The forms should not be completed as part of an administrative function, rather they should be utilized as an informed discussion with the patient on the risks of not following a treatment plan and what to do if an emergency arises related to the refusal. If the patient refuses to sign either form, check your facility's policy for next steps. Completion of an incident report may be required. A sample of a refusal of treatment/procedure form is included in this publication.

Terminating the Patient-Provider Relationship

If the patient continues to decline to follow the recommended treatment plan, the provider should weigh the risks of continuing a patient-provider relationship and consider if terminating it is appropriate. The decision to unilaterally end a patient-provider relationship can have legal repercussions and should not be made

without proper deliberation. Prior to terminating a patient, contact the facility's legal or risk management staff to discuss the details which have led the decision to terminate the patient-provider relationship. Irrespective of the circumstances preceding termination, providers must ensure that the patient's health status is not compromised. Treatment should continue until any ongoing treatments are completed and the patient is medically stable.

If the provider ends the relationship without providing reasonable notice, the patient may sue on grounds of abandonment. To prevent such allegations and satisfy ethical and professional obligations, safeguards that treating provider should observe include but are not limited to the following :

- *Check the termination policies of the patient's health plan* prior to initiating any action.
- *Send the termination letter by certified mail* after communicating the reasons for the decision via face-to-face discussion.
- *Indicate the patient's current health status* and include any recommendations for immediate medical care.
- *Note the date the relationship will end.* Thirty days from receipt of the letter is customary.
- *Agree to provide emergency care* until the stated date of termination.
- *Suggest the patient locate another provider* by contacting the health plan's member services department or the local medical society. Provide telephone numbers or other contact information, as necessary.
- *Offer to send a copy of the patient's healthcare information record to the subsequent treating provider* after the patient has executed a form authorizing release of information. Enclose such a form with the termination letter, along with a self-addressed stamped envelope.
- *Retain a copy of the termination letter in the patient's healthcare information record* and carefully document any subsequent correspondence or communications with the patient.

If your facility does not have a legal or risk management department, seek legal counsel from an attorney who specializes in licensure defense and malpractice. The American Association of Nurse Attorneys (TAANA) can assist nurses and nurse practitioners in finding attorneys that can provide legal guidance. Visit the NSO website for additional resources on "terminating a patient-provider relationship" and "when the patient disagrees".

The claim scenario below details how an NP used timely intervention and sound documentation in the healthcare information record to communicate a patient's failure to follow an established treatment plan.

Scenario: A 46-year-old male established care with the insured family nurse practitioner (FNP). The patient had recently broken his wrist and, while in the emergency department (ED), he was informed that "his blood sugar was really high, and he needed to find a primary care provider to get it under control." A finger stick Hemoglobin A1C was performed, reflecting a level of 11.5 percent. The patient did not have health insurance, so the FNP decided to start him on insulin as the medication and supplies would be available at no charge. The following was documented in the patient's healthcare information record:

- Monitor blood sugar levels and keep a blood sugar log.
- Prevention and treatment for hypoglycemia.
- Education on how to administer the insulin, carbohydrate dietary measures and the importance of exercise.
- Follow up with ophthalmology on a comprehensive eye examination.
- Perform daily examinations of his feet and ensure proper foot care and wear.

Over the next three to four months, despite missing a few appointments and failing to adhere to his insulin regimen, the patient's blood sugar levels were in better control. Nine months after his initial appointment with the insured FNP, the patient presented with complaints of pain to the top and side of the left foot. The patient reported he was uncertain if he had twisted it but shared that he had gone to an urgent care facility and had an x-ray, which was reportedly negative for any fractures.

A small bruise was documented to the top of the foot. He reported that he may have done something to it over the weekend while at a jump park with his children. In addition, he reported that he broke a toenail and may have cut it too short. He was having a difficult time wearing any type of shoe. The patient's non-fasting blood sugar was 194, pulse was 128 bpm, and his other vital signs were unremarkable.

The FNP documented the following: "The patient's toenail (big toe) is cut short with skin exposed, red, and purplish in color at the lateral border. The left foot revealed no swelling or deformity with intact range of motion though movement was painful. Tenderness is noted over the tarsal tunnel."

The FNP ordered lab work (CBC, CMP, and CPK level) and left lower extremity arterial Doppler color flow studies for a "left foot painful." Patient was prescribed an antibiotic and

instructed to use non-steroidal anti-inflammatory drugs (NSAIDs) for musculoskeletal pain. An ace wrap was applied to the ankle, and he was told to apply ice to reduce the swelling. The patient declined all testing due to costs. The FNP instructed the patient that, if he did not want the testing, he should go to the ED as she thought he could have a blood clot. The patient reported that he would only go to the ED if his condition worsened.

Three days later, the patient was evaluated in the ED with a complaint of pain to the left thigh and foot, as well as a cold sensation in his foot. He reported that he had seen his primary care provider and had been placed on antibiotics, but the pain was getting worse. Physical evaluation revealed a completely cold left foot without dorsalis pedis pulse. His serum Creatine Kinase was 1608 IU/L and white blood cell count was 16.7 K/uL. A CT angiogram revealed an occlusion of the anterior tibial artery, posterior tibial and peroneal arteries and reconstituted peroneal artery identified at the level of the ankle joint. He was admitted for a possible thrombophilic disorder or idiopathic thrombophilic disorder and surgical intervention. The patient ultimately underwent a below the left knee amputation due to irreversible ischemia to the left lower extremity.

The patient filed a malpractice claim against the FNP, the FNP's employer, the medical center and the surgeon who performed the initial surgical intervention.

Risk Management Comments and Resolution

The patient's allegations against the FNP included failure to perform an adequate diabetic food exam; failure to document the temperature on the left foot; negligently diagnosing cellulitis/abscess and negligently ordering compression and ice for a cold foot.

Defense experts were supportive of the FNP's care and testified that her documentation of the patient's care was thorough. Defense counsel believed that the case was defensible, but the other defendants in the case were engaging in finger pointing, making the defense of the FNP more difficult. The FNP was ultimately dismissed from the case on summary judgment. The claim lasted seven years and expense costs to defend the insured FNP exceeded $140,000.

Nurse Practitioner Spotlights

For risk control strategies related to:

- Defending Your License
- Depositions
- Diagnosis
- Telemedicine
- Documentation
- Prescribing

Visit nso.com/npclaimreport

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Self-assessment Checklist: Patient-Provider Communication Regarding Treatment Plans

This resource is designed to help providers evaluate policies and procedures relating to patient communication and professional boundaries. For additional risk control tools and information on a range of other risk management-related topics, visit the CNA website.

Early Communication	Comments/Action Plan
Are potential time constraints recognized at the outset of patient encounters, and are adjustments – such as double-appointment bookings and/or use of scribes or secure speech recognition system to streamline clinical documentation– made to ensure sufficient interview time?	
Do providers explain to patients that they are expected to take responsibility for the outcome of their care or treatment?	
Are questions posed in a constructive, problem-solving manner?	
Do providers relate personally to patients, in order to build a stronger therapeutic partnership?	
Do providers clearly and thoroughly convey the severity of the problem and the risks of not properly carrying out instructions?	
Telehealth Management	**Comments/Action Plan**
Are telehealth technologies, medical practice portals and interactive websites utilized to engage patients and encourage them to become more informed and active partners in their treatment?	
Have all background distractions been eliminated? Find a space with adequate lighting. If possible, conduct visits in an area where you are facing a source of natural light.	
Are patients asked if they can establish a clear connection? Provide the patient with guidance on how to use the technology (for example, a handout or pre-recorded video link).	
Are patients instructed to plan a quiet, private, and comfortable place to set themselves up for the visit?	
Are patients offered interpretive services, when necessary, to account for the patient's preferred language or communication method?	
During the visit are the following items asked and implemented?	
• Verification the patient's identity and the reason for the visit.	
• Respecting patient privacy, including being cognizant that you may be viewing the patient's home.	
• Looking into the camera, when possible, to simulate eye contact.	
• Listening actively and empathetically.	
• Informing the patient when you are documenting or taking notes, so they know why you are looking away from the screen.	
• Maintaining a normal pace of speech, speaking slowly and enunciating so that the patient can understand you.	
• When you're listening, be aware of your resting facial expression.	
• Using patient education tools, such as the teach back method, to ensure patient understanding.	
• Engaging the patient's care partners in telemedicine appointments and patient education, such as spouses or family members, when appropriate and only with the patient's explicit consent.	
• Before ending the encounter, verifying that you have addressed all patient questions and concerns, and that the patient verifies understanding of any follow-up steps that must be completed.	

Telehealth Management, *con't.*	Comments/Action Plan
• Planning any appropriate follow-up communications with the patient. Consider whether automated reminders/push notifications deployed via a patient portal are sufficient, given the patient's unique circumstances and characteristics, or if a follow-up phone call or visit is warranted.	

Setting Goals	Comments/Action Plan
Are patients encouraged to identify goals and preferences on their own, before the provider offers suggestions?	
Do patient encounters begin with a discussion of the patient's personal goals and issues, rather than a recap of laboratory or diagnostic workups?	
Are underlying factors affecting the patient's ability to follow a treatment plan explored with patients in a non-judgmental manner?	
Does each encounter end with the patient verbalizing at least one self-management goal in a clear and specific manner?	

Establishing Boundaries	Comments/Action Plan
Do providers strive to achieve a mutually acceptable plan of care with hesitant patients, using the following strategies, among others:	
• Ascertaining specific patient concerns, such as the out-of-pocket costs of a surgical procedure?	
• Identifying practical or logistical difficulties that may hinder compliance, such as lack of reliable transportation to and from the healthcare facility?	
• Encouraging patients to obtain a second opinion, if desired?	
• Taking the time to explain the potential consequences of not complying with recommendations?	
Are written protocols in place for managing hard-to-treat patients for the following key issues:	
• Appointment or procedure cancellations?	
• Unacceptable behavior, such as belligerent voice-mail messages, yelling or cursing at staff?	
• Refusal to consent to recommended treatment?	
• Neglecting to take medications, do exercises or make necessary lifestyle changes?	
• Terminating the patient-practitioner relationship?	
Are open-ended questions used to assess patients' resistance to change	
Are 10-point scales used to clarify patient priorities and/or barriers to follow a treatment plan?	
Is provider proficiency in communicating with difficult and noncompliant patients objectively monitored?	

Enhancing Patient Education	Comments/Action Plan
Are barriers to communication assessed and documented in the patient healthcare information record, including low health literacy, cognitive impairment, and limited English skills?	
Are qualified and credentialed interpreters available when necessary?	
Do providers use the "teach-back" technique in order to ensure understanding of proposed treatments, services, and procedures – e.g., asking patients if they have any questions about their medications, as well as requesting that they describe in their own words how to take them?	
Is use of the teach-back technique documented in the patient healthcare information record?	

Establishing Boundaries, *con't.*	Comments/Action Plan
Has the organization considered the benefits of hiring a nurse educator, health coach, health navigator and/or case manager?	
Are patients asked to explain in their words the medical information they have been given, including:	
• Diagnosis or health problem?	
• Recommended treatment or procedure?	
• Risks and benefits of the recommended treatment or procedure, as well as alternatives to it, including the refusal of the treatment or procedure?	
• Patient responsibilities associated with the recommended treatment?	
Do providers ask patients at the end of the visit to repeat critical instructions, and is their response noted in the patient healthcare information record?	

Patient Logistics	Comments/Action Plan
Are patients asked whether they can get to appointments via automobile or public transportation, and are responses documented in the patient healthcare information record?	
Are patients given the option of scheduling telehealth appointments, when appropriate, in the event an in-person appointment is not possible?	
Are patients asked if they have a means of contacting healthcare providers in the event they cannot make an appointment or pick up a medication?	
If a patient lacks the physical or mental capacity to perform such essential tasks as changing dressings or picking up prescriptions, has a relative or friend been asked to assist after receiving permission from the patient or legal guardian?	
Are appointment waiting times evaluated in an effort to avoid patient dissatisfaction, and are deficits addressed and corrected?	

Patient Follow-up and Utilizing Effective Reminders	Comments/Action Plan
Are patients reminded of upcoming appointments, including referrals and laboratory visits, via text, telephone, and/or email? Are these reminders documented in the patient healthcare information record?	
Are the patients' family or friends also included in upcoming appointment reminders for patients, if HIPAA and privacy permission has been obtained?	
When patients fail to fill maintenance prescriptions, are providers notified via e-prescribing software?	
Are electronic alerts used to remind patients with a history of noncompliance about screening and monitoring requirements?	
Is there an efficient way for patients to contact their provider or office staff with non-emergency questions, such as an online patient portal that provides secure access?	
Are impaired patients informed of subscription services that, via wireless devices, deliver reminders to take medications or perform self-care activities?	
Are follow-up and referral appointments scheduled and entered in the computer system before patients leave the facility?	
Does written policy require documentation of no-shows, as well as telephone or electronic follow-up within 24 hours?	
Is there a written policy for terminating the patient-provider providers relationship if the patient fails to respond to reminders and other messages?	

SAMPLE REFUSAL OF TREATMENT/PROCEDURE FORM

Instructions

This form should be signed by the patient or authorized party if he/she refuses any surgical procedure or medical treatment recommended by his/her physician or provider . If the patient or authorized party not only refuses the treatment/procedure, but also refuses to sign this form, note this fact in the patient healthcare information record .

1. I have been advised by my physician/provider *(insert name)* _____, that the following treatment/procedure should be performed upon me *(insert name of treatment/procedure)*: _____

2. Nature of the Recommended Treatment/Procedure

   This recommendation is based on physical examination(s), diagnostic test results and my physician's/provider's knowledge of my medical history. My needs and desires have also been taken into consideration. The treatment/procedure is necessary due to:

   _____

   The intended benefit(s) resulting from this treatment/procedure is (are):

   _____

   The prognosis, or likelihood of treatment/procedure success is:

   _____

   The consequences of not proceeding with the recommended treatment/procedure are:

   _____

3. Alternative Treatment/Procedure *(check one)*:

   ☐ The treatment/procedure recommended for me was chosen because it is believed to address my medical condition. I understand that alternative treatment/procedure options include: _____

   ☐ No other reasonable treatment/procedure options exist for my condition .

4. I have read the following educational materials provided to me *(list materials, if applicable)*: _____

   _____

5. Risks of Not Having the Recommended Treatment/Procedure:
   I understand that complications to my health may occur if I do not proceed with the recommended treatment/procedure. These complications include: _____

I have had an opportunity to ask questions about these risks and any other risks I have heard or thought about.

6. Acknowledgment

   I, _____, have received information about the proposed treatment/procedure. I have discussed my treatment/procedure with my provider/physician and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment/procedure, alternate treatment/procedure options, and the risks of the recommended treatment/procedure, and my refusal of care.

7. My reason for refusal is as follows: _____

8. I personally assume the risks and consequences of my refusal, and release for myself, my heirs, executors, administrators or personal representatives those physicians/providers who have been consulted in my case as well as *(insert name of medical practice)* _____, its officers, agents and employees, from any and all liability for ill effects that may result from my refusal to consent to the performance of the proposed treatment(s)/procedure(s).

I acknowledge that I have read this document in its entirety, that I fully understand it and that all blank spaces have been either completed or crossed off prior to my signing.

I do NOT wish to proceed with the recommended treatment/procedure.

Signature of refusing patient: _____ Date:_____ Time:_____ ☐ AM ☐ PM

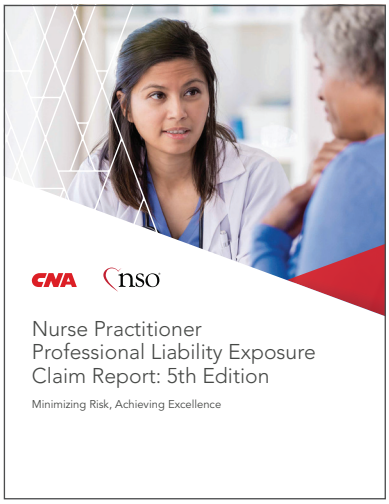
Signature of refusing party, if other than the patient: _____ Date:_____

Relationship to patient: _____

Signature of the physician/provider: _____ Date:_____

Signature of witness: _____ Date:_____

This sample form is for illustrative purposes only. Your clinical treatments/procedures and risks may be different from those described, We encourage you to modify this form to suit individual needs of your healthcare setting and patients. As each setting presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your healthcare setting.



This information was excerpted from NSO and CNA's full report, *Nurse Practitioner Liability Claim Report: 5th Edition*. www.nso.com/NPclaimreport

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