State of Illinois
Department of Human Services - Rushville Treatment and Detention Facility

MEDICAL SERVICES REFUSAL FORM

Resident Printed Name | IDHS Number | Unit

Date | Time

Services or Treatment Refused:

☐ Risks, consequences, possible complications, and probable results of refusing medical services have been explained to the resident.

The Rushville Treatment and Detention Facility Health Care Department is released from any liability, foreseen injuries and any unforeseen circumstances resulting from the Resident's refusal of treatment and/or medical services.

Resident Signature | Date

Healthcare Representative Printed Name | Title

Healthcare Representative Signature | Date