**REFUSAL FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, do hereby attest to the following:

1. \_\_\_\_I have been educated about the benefits of a permanent vascular access (fistula, graft) by the staff at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on at least (3) separate occasions.
2. \_\_\_\_I have been educated about the benefits of a permanent access by my nephrologist (Kidney doctor) on at least (3) occasions.
3. \_\_\_\_**I am aware that catheter access poses a greater risk of longer hospital stays, infection, and possibly death.**
4. \_\_\_\_I have been provided with documentation of the above stated facts.
5. \_\_\_\_Nevertheless, I am rejecting the possibility of fistula or graft placement.
6. \_\_\_\_**It is my desire to retain my current catheter as my access of choice, despite the inherent risks.**
7. \_\_\_\_The main reason for my refusal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Patient Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Witness/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_