



**Informed Refusal of Care**

I, \_\_\_\_\_, have been a participant in the Iowa  
*(client's first and last name)*

Get Screened Program. The Iowa Get Screened Program ("Program") has informed me that I should obtain the following services or procedures: \_\_\_\_\_

\_\_\_\_\_  
*(list recommended services or procedures)*

I have been offered these services by the Program because of the need for additional follow-up in regards to my \_\_\_\_\_  
*(list name of services or procedure)*

done on \_\_\_\_\_ which had the following result: \_\_\_\_\_  
*(list date) (describe finding)*

I understand that these procedures are necessary to rule out colorectal cancer.

I understand that by refusing the services the Program has offered, I am placing myself at risk of not being properly screened or diagnosed for cancer. I knowingly and voluntarily decline further diagnostic services offered by the Program.

I acknowledge that I have been informed and understand the risks of my refusal, which include but are not limited to the possibility that I may have colorectal cancer and that such cancer may not be properly diagnosed or treated due to my refusal to obtain these services. I accept full responsibility for my actions and hereby irrevocably and unconditionally release and forever discharge any person or entity, including but not limited to any health care provider, health care facility, the Iowa Department of Public Health and the Iowa Get Screened Program and its employees, volunteers and agents, who were involved directly or indirectly with my care in the Program from any liability, claim or cause of action arising out of my refusal to obtain the recommended services and procedures described above.

\_\_\_\_\_  
Participant/Responsible Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to participant, if other than self

\_\_\_\_\_  
Witness

WHITE – Participant

YELLOW – Local Program file