

MEDICAL MIRANDA CARD

Patient Refusal Rights & Information

You are refusing medical treatment and/or transport. Your health and safety are our main concern, please remember the following:

1. Our evaluation and/or treatment is not a substitute for medical evaluation and treatment by a doctor. We advise you to see a doctor or go to a hospital emergency department.
2. Your condition may not seem as bad to you as it actually is. Without treatment, your condition or problem could become worse, including death.
3. If you change your mind or your condition becomes worse, please do not hesitate to call us back by dialing 911. We will do our best to help you.
4. Don't wait! When medical treatment is needed, it's usually better to get it right away.

----SPECIAL CONDITIONS----

5. Your condition has been discussed with a doctor at the hospital by radio or telephone and the advice given to you has been issued or approved by the doctor.
6. **FOR MINORS:** Instruct the patient's legal guardian that in this situation, they are acting on behalf of the patient and they understand the above information regarding refusal of treatment or transport and accept responsibility for the patient.

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TARJETA MIRANDA MÉDICA

Derechos e información de rechazo del paciente

Usted rechaza tratamiento médico y/o transporte. Tu salud y seguridad son nuestra principal preocupación, por favor recuerda lo siguiente:

1. Nuestra evaluación y/o tratamiento no sustituye la evaluación y tratamiento médico por parte de un médico. Le recomendamos que consulte a un médico o acuda al servicio de urgencias de un hospital.
2. Es posible que su condición no le parezca tan mala como realmente es. Sin tratamiento, su condición o problema podría empeorar, incluso la muerte.
3. Si cambia de opinión o su condición empeora, no dude en llamarnos marcando el 911. Haremos todo lo posible para ayudarlo.
4. ¡No esperes! Cuando se necesita tratamiento médico, normalmente es mejor recibirlo de inmediato.

----CONDICIONES ESPECIALES----

5. Su condición ha sido discutida con un médico en el hospital por radio o teléfono y el consejo que le ha dado ha sido emitido o aprobado por el médico.
6. **PARA MENORES DE MENORES:** Indique al tutor legal del paciente que, en esta situación, actúa en nombre del paciente y comprende la información anterior sobre el rechazo del tratamiento o transporte y acepta la responsabilidad por el paciente.

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