

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**WAIVER OF TREATMENT/EVALUATION**  
(Form must be completed in its entirety)

Facility \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reason for the refusal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:  
\_\_\_\_\_  
\_\_\_\_\_

4. During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.

5. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.

6. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.

7. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Qualified Healthcare Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

If the offender refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until the offender signs. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement documented on the form, "**SIGNATURE REFUSED.**"

Offender's Name	DOC NO.
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