

{Facility Name}
{Form Number}

Patient Refusal to Participate in the Wristband Process

<p style="text-align: center;">Patient Identifier Information</p> <p>Name _____</p> <p>PID: _____</p> <p>DOB: _____</p> <p>Admitting Physician: _____</p>
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The above-named patient refuses to (check what applies):

Wear color-coded alert wristbands.

The benefits of the use of color-coded wristbands have been explained to me by a member of the healthcare team. I understand the risk and benefits of the use of color-coded wristbands, and despite this information, I do not give permission for the use of color-coded wristbands in my care.

Remove “social cause” colored wristbands (like “Live Strong” and others).

The risks of refusing to remove the “social cause” colored wristbands have been explained to me by a member of the healthcare team. I understand that refusing to remove the “social cause” wristband(s) could cause confusion in my care, and despite this information, I do not give permission for its removal.

Reason provided (if any): _____

Date/Time

Signature/Relationship

Date/Time

Witness Signature/Job Title