

**STATEMENT OF CLIENT DECLINATION OF ADVICE OR PLAN OF CARE OFFERED
AT HEALTH CARE FOR THE HOMELESS**

My signature below indicates that I have chosen to not follow the advice of the health care providers(s) at Health Care for the Homeless, who have advised me regarding:

I have been informed by the provider at Health Care for the Homeless of the potential dangers which may result in my not following the above plan of care that could include:

I assume full and complete responsibility for any results caused by my not following the above plan of care. I hereby release Health Care for the Homeless, **Inc. Baltimore, MD**, its employee, officers, agents and health care providers who offered the above plan of care/advice from any **and all liability**.

DO NOT sign this form unless you have read it (or had it read to you), understand it and agree with what it says.

Client Signature

Provider Signature

Date and Time

Witness Signature

CLIENT LAST NAME:

FIRST:

HCH#: