

**RELEASE FROM RESPONSIBILITY / LIABILITY
GENESIS MEDICAL CENTER - Davenport, Iowa**

I request that the hospital personnel take the following action which is against existing health care facility policy:

I hereby release Genesis Medical Center and all health care personnel from responsibility and liability for the above action. I assume the risks resulting from the variation from existing policy.

Signature of Patient/Legal or Other Representative

Relationship to Patient

Signature of Witness Title

Signature of Witness Title

Date Time

If patient is a minor, note age _____

If patient unable to consent (other than a minor), note reason: _____

CONSENT OBTAINED BY TELEPHONE:

Print Name of Legal or Other Representative

Relationship to Patient

Signature of Legal or Other Representative (To be obtained if possible)

Telephone Number of Legal or Other Representative

Signature of Witness Title

Signature of Witness Title

Date Time