

## NOTICE OF NON-CONSENT TO A MEDICAL INTERVENTION

As a patient under the care of the medical staff at \_\_\_\_\_  
(facility/hospital/medical center)

I, \_\_\_\_\_ intend to exercise my right to refuse a  
(patient name)  
particular medical treatment (wearing a mask/ and or being tested for Covid-19). According to the American Hospital Association Patient Bill of Rights (established in 1973 and revised in 1992):

(1) The patient has the right to **considerate and respectful care.**

(3) ...The patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, **the risks involved**, the possible length of recuperation, and **the medically reasonable alternatives and their accompanying risks and benefits.**

(6) The patient has the right to... **refuse a recommended treatment or plan of care** to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. **In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides.**

(13) **The patient has the right to consent to or decline to participate in proposed research studies or human experimentation** affecting care and treatment or requiring direct patient involvement and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

All Covid-19 masks and methods of testing are approved under Emergency Use Authorization by the Food and Drug Administration (FDA). This means all such products are investigational with Federal Law declaring that recipients must be notified of the option to accept or refuse administration of the product.

Federal law Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Food, Drug, and Cosmetic Act (FD&C Act) states:

...individuals to whom the product is administered are informed—

- (I) that the Secretary has authorized the emergency use of the product;
- (II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
- (III) of the *option to accept or refuse administration of the product*, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks. (emphasis added)

This document will hereby serve as legal Notice of Liability if my right to ***other appropriate care and services that the hospital provides*** is not honored in light of my decision to refuse such medical interventions.

\_\_\_\_\_  
(patient signature)

\_\_\_\_\_  
(date served)

\_\_\_\_\_  
(name of hospital administrator or authorized representative to be held liable)