

Smoking Against Medical Advice

I have decided to smoke against the medical advice of my doctor and in violation of this facility's smoking policy.

I understand that this facility is tobacco free. Tobacco Free means that smoking and smokeless tobacco products are not allowed in the facility or anywhere on the grounds, sidewalks, parking lots or parking decks.

A staff member or my doctor has told me the risks of smoking and the risks of leaving facility grounds to smoke.

In addition:

- I have been given information on how to stop smoking.
- I have been offered treatment for nicotine withdrawal.
- I understand that leaving the facility grounds to smoke is not allowed.
- I understand my decision is against medical advice and facility policy.
- I understand no Novant Health worker will go with me if I leave the facility grounds to smoke.
- I fully understand the risks of my decision to leave facility grounds and smoke.
- I know that many harmful things could happen to me.

On behalf of myself and those claiming through me, I release Novant Health, Inc., its subsidiaries and affiliates, including this facility, and all their employees, directors, trustees and officers; and my doctors from any responsibility for any harm or damage that may result from my decision to leave the facility grounds and smoke against medical advice and facility policy. I have read this form or had it read to me. I have had a chance to ask questions. My questions were answered to my satisfaction. I sign this form voluntarily.

Patient's Signature Date Time _____
Witness Signature Date Time

Patient refused to sign

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



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