

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
HEPATITIS C WAIVER OF TREATMENT**

- 1) This is to certify that I am refusing to submit to further evaluation and treatment of Hepatitis C.
- 2) I have been advised that evaluation for possible Hepatitis C infection has been recommended in my case. I have also been advised that medication treatment may or may not be indicated based on this evaluation.
- 3) I have been informed that refusal of further evaluation carries the following risks:
  - a) The presence of chronic Hepatitis C infection cannot be determined.
  - b) The severity of liver disease related to Hepatitis C cannot be determined.
  - c) The risk of progression of liver disease related to Hepatitis C cannot be determined.
  - d) The presence of other diseases, which might interfere with treatment of Hepatitis C, may or may not be determined.
  - e) Hepatitis C medication treatment cannot be offered to me without determining the above.
- 4) I assume full responsibility for the results caused by my decision, and I hereby release the institution, it's employees, officers, and the attending physician from all legal responsibility and liability.
- 5) I certify that I have read, or had read to me, and fully understand the above information concerning my refusal to accept further evaluation and treatment of Hepatitis C, and have had an opportunity to ask questions before I affixed my signature.

Inmate Signature \_\_\_\_\_ DOC# \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*If the inmate refuses to sign such a statement, he or she cannot be forced to do so. In this event, two witnesses who are facility personnel should sign the form, and the words "signature refused" entered on the inmate's signature line.