



# Refusal of Consent for Pulse Oximetry Screening

I, the parent/guardian of \_\_\_\_\_, born on \_\_\_\_\_,  
Full name of infant Date of birth

refuse to have my child (check all that apply):

- Receive Pulse Oximetry screening
- Receive Echocardiogram evaluation (ECHO), if needed
- Transported to another facility, if needed

I understand that Pulse Oximetry screening is done for the early detection of Critical Congenital Heart Disease. This dangerous heart condition can cause death or permanent disability if it is not detected early.

I have read the Newborn Screening brochure and discussed Pulse Oximetry Screening with my baby’s doctor, midwife, a member of the hospital nursing staff, or other healthcare provider.

I understand the benefits of screening, evaluation, and transport. The potential dangers of not receiving these services have been explained to me. My decision to refuse screening, evaluation, and/or transport was made freely and without force or encouragement by my doctor or midwife, my baby’s doctor, the hospital staff, or state officials.

I accept all responsibility, legal and otherwise, for this decision.

\_\_\_\_\_  
Full printed name of mother Signature Date

\_\_\_\_\_  
Full printed name of father Signature Date

\_\_\_\_\_  
Full printed name of licensed healthcare provider\* Signature Date

\* Licensed healthcare providers include physicians, nurses, and midwives.

### Healthcare provider instructions:

1. Have the parent(s) read the Newborn Screening and Services brochure. Discuss Pulse Oximetry screening and potential follow up services (echocardiogram evaluation, transport to another facility) with the parent(s). Review the benefits of these services and the potential dangers of not receiving them.
2. Complete this form for each infant when at least one parent refuses Pulse Oximetry screening, echocardiogram evaluation, and/or transport to another facility. The signature of the infant’s other parent is not required (but is requested) if that parent also refuses.
3. Provide a copy of the form to the parents and send a copy to the baby’s primary care provider.
4. Keep the original for your records.
5. Fax a copy of this form to 401-222-5688 to the attention of the Newborn Screening Program.
6. For additional forms, please print from the Rhode Island Department of Health website at <https://health.ri.gov/publications/bytopic.php?parm=Newborn%20Screening#Parents>. Refusal forms are located in the “Publications for Parents” section on the right side of the screen.