



# Refusal of Consent for Newborn Hearing Screening

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

refuse to have hearing screening performed on my child to determine if he or she might have a hearing-related loss.

I have been informed that newborn hearing screening is mandated for all babies born in the State of Rhode Island unless the screening conflicts with the religious tenets and practices of the parent(s).

I have read the Newborn Screening and Services Brochure and discussed newborn screening with my baby’s doctor, midwife, a member of the hospital nursing staff, or other healthcare provider. I feel that all of my questions have been answered to my satisfaction.

I understand that the screening is done for the early detection of hearing loss, which can affect speech and language development.

I understand the benefits of newborn hearing screening. The potential dangers of not being screened have been explained to me. My decision to refuse the testing was made freely and without force or encouragement by my doctor or midwife, my baby’s doctor, hospital staff, or state officials.

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

Full name of mother	Signature	Date
Full name of father	Signature	Date
Full name of licensed healthcare provider*	Signature	Date

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

Print name of hospital: \_\_\_\_\_

Check one:  Hospital birth  Home birth

### Healthcare provider instructions:

1. Have the parent(s) read the Newborn Screening and Services Brochure describing newborn hearing screening.
2. Complete this form for each infant when at least one parent refuses the newborn hearing screening. The signature of the infant’s other parent is not required (but is requested) if that parent also refuses.
3. Send the original form to the RI Early Hearing Detection & Intervention Program, c/o Women & Infants Hospital, 134 Thurbers Ave., Ste 215, Providence, RI 02905 and fax the form to 401-276-7831.
4. Provide a copy of the form to the parents and send a copy to the baby’s primary care provider.
5. Keep a copy for your records.
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.