

JMH Acknowledgement of Notice

BE ADVISED THAT ACCEPTANCE BY JMH OF AN EMERGENCY ACCESS REQUEST IS NOT DEPENDANT ON THE COMPLETION OF THIS FORM.

This form is to be completed by a Transferring Hospital Representative and faxed to (305) 326-7885 Attn: JMH Transfer Center. Send original form with the copy of the patient's medical record.

DATE:	/	/	RE:	
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The above referenced patient is currently being treated at _____ and it has been determined that the required care cannot be performed at this facility. Therefore, it is in the best interest of the patient to be transferred to Jackson Memorial Hospital.

Important Legal Notice:

In compliance with federal and state law **Jackson Memorial Hospital** shall provide emergency services and care for any emergency medical condition without regards to means or ability to pay when:

1. Any person requests emergency services and care; or
2. Emergency services and care are requested on behalf of a person by:
 - a. An emergency medical services provider who is rendering care to or transporting the person; or
 - b. Another hospital, when such hospital is seeking a medically necessary transfer, except as otherwise provided by statute.

Florida Statute 395.1041(3)(e) Except as otherwise provided by law, all **medically necessary transfers shall be made to the geographically closest hospital** with the service capability, unless another prior arrangement is in place or the geographically closest hospital is at service capacity. When the condition of a medically necessary transferred patient improves so that that the service capability of the receiving hospital is no longer required, the receiving hospital may transfer the patient back to the transferring hospital and **the transferring hospital shall receive the patient** within its service capability.

§395.1041(4)(b) Any hospital employee, physician, other licensed emergency room health care personnel, or certified pre-hospital emergency personnel who knows of an apparent violation of s.395.1041 or the rules adopted under s. 395.1041 shall report the apparent violation to the agency within 30 days following its occurrence.

THE PURPOSE OF THIS FORM IS TO PLACE HOSPITALS ON NOTICE THAT JMH WILL BE SENDING PATIENTS BACK TO ORIGINATING FACILITIES AND THAT JMH IN COMPLIANCE WITH STATE STATUTE WILL REPORT VIOLATIONS TO ACHA. THE MAIN POINT THAT WE WANT TO MAKE IS TO HIGHLIGHT THE SECTION OF THE STATUTE THAT SAYS THAT THE TRANSFERRING HOSPITAL SHALL RECEIVE THE PATIENT. I HIGHLIGHTED THE SECTION THAT WE WANT TO STRESS.

Acknowledgement of Understanding:

I hereby affirm that I have read and understand this notice. I further understand that this acknowledgement is for notification purposes only.

Hospital Representative (Print)	Signature	Date
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