GENERAL INSTRUCTIONS

For Competent Legal Adults (18+) Able to Make Their Own Medical Decisions

IMPORTANT: Read every word of these instructions before you begin. Prepare NOW so you have this form ready to use for emergency hospital care or elective surgery. This helps ensure you do **NOT** accidentally or intentionally receive unwanted drugs, protocols, vaccines, or treatments. Unlike Advance Directives (which apply only when you cannot speak for yourself), this is a **"Right Now"** document. It overrides the hospital's broad general consent form language signed for a hospital admission and, if violated, may carry significant legal consequences.

Proof of delivery is key!

HOW TO COMPLETE YOUR IDNCF™ COVER LETTER TO HOSPITAL CEO

- Complete all blanks in the Cover Letter except the "signature" line.
- **Only sign the Cover Letter in front of a Notary Public** (it must be witnessed and notarized).
- Next — complete the **I DO NOT CONSENT FORM™ (IDNCF™)**.

HOW TO COMPLETE YOUR I DO NOT CONSENT FORM™ (IDNCF™)

How to Mark Your Choices

- Use **only your initials** in the blank line to the left of each item.
- **Do NOT** use a checkmark (✓) or an "X".
- Your initials show the doctor that you have read and intentionally selected that item.

Things You Do NOT Want (that are not listed as an item to select)

In the section **"I ALSO DO NOT CONSENT TO THE FOLLOWING"**, write any allergies, medications, treatments, or procedures you refuse. After writing your notes, initial the line to the left of them.

WARNING: Do not add any "end of life" items such as brain apnea test, organ donation, DNR, or similar. Doing so could result in unwanted consequences, including delayed or cancelled care if it's not an emergency. Per individual state health law, those items belong in an End-of-Life document, such as an Advance Directive or Living Will.

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Things You DO Want (that are not listed as an item to select)

In the section **"I ALSO REQUEST AND CONSENT TO THE FOLLOWING"**, write any specific treatments or care you want. After writing your notes, initial the line to the left of them.

Notarize the Documents. Sign **both** the Cover Letter and the IDNCF™ **only in front of a notary public**.

Make Copies. Make **at least 10 copies** of the notarized documents.

Store the Originals. Keep the **original notarized Cover Letter** and **original notarized IDNCF™** in a safe, secure place.

ATTENTION: REFUSING COVID-19 VACCINE CONTAMINATED BLOOD

For Elective Surgery – Blood / Transfusion Planning (Do This Weeks Ahead of Surgery)

Immediately contact the hospital's blood bank or surgery department and confirm that they will allow you to:

- Bank your own blood (**autologous donation**), **or**
- Accept directed donations from chosen unvaccinated donors.

Contact SafeBlood.com or BlessedByHisBlood.com as soon as possible. These organizations can help arrange safe blood options, but they require several days or weeks of lead time before surgery. Also, please recognize that not all hospitals can accommodate your request for unvaccinated blood at this time.

HOW TO DELIVER THE FORM (ER Visit or Elective Hospital Surgery)

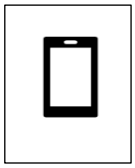
ONLY DELIVER this document to the ER or Surgi-Center after you are enrolled as an active patient with an active chart and medical record number.

IMPORTANT: When signing hospital admission papers (like the General Consent form), **only give them a copy** — never hand over your signed original.

WHEN YOU ARE A NEW PATIENT: At the same time you turn in the hospital's admissions paperwork, give them your I Do Not Consent Form™. This lets the hospital know exactly what you refuse, such as certain drugs, blood transfusions, or vaccines.

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Delivery with Proof of Receipt (Evidence) ER / Emergency Visit:
Discreetly record yourself on your cell phone handing the documents to the admissions desk. Your cell phone will provide a date stamp on the video. Simply say:



"These are medications and treatments I cannot have. Please add this to my electronic medical record." (Do not record other people — check your state's recording laws.)

Courier Service:

Send one copy of the Cover Letter + one copy of your notarized IDNCF™ to the CEO at the hospital's physical address. (CEO title will suffice — the actual CEO name is not necessary.) After business hours, weekends, or holidays — address it to the **"House Supervisor."** Google "Courier Delivery Near Me" and request same-day delivery (for an emergency) or delivery 1–2 days before upcoming hospital surgery. For a scheduled date of surgery, deliver 1-2 days before the scheduled surgery date.

Have a friend or family member help if you are in the Emergency Room (ER).

Courier's Delivery Envelope Example:

CEO
Hospital Name Address

Snail Mail (United States Postal Service, USPS):

Send one copy of the Cover Letter + one copy of the IDNCF™ using **USPS Priority Mail Express** (overnight) with **Certified Mail + Return Receipt Requested**. Address to the CEO at the hospital/facility's physical address.

USPS Delivery Envelope Example:

CEO

Hospital Name Address

GENERAL INSTRUCTIONS

Give Copies to Hospital Staff (As a reminder of drug and vaccine refusals)

- Give one copy to the **Attending Physician**.
- Give one copy to the **Nurse**.
- Give extra copies to any other caregivers as needed.

Keep These Items Safe

- Keep the Certified Mail number and Return Receipt signature.
- Keep the Courier Service receipt.
- Store the original notarized documents in a secure place.



PRO TIP: Keep a digital copy of notarized Cover Letter and IDNCF™ on your cell phone so you can quickly share it via email or text when needed.