



## Refusal of Consent for Newborn Hearing Screening

I/We, the parent(s) of \_\_\_\_\_, born on \_\_\_\_\_,  
Full name of infant Date of birth

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

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

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

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

I/We accept all responsibility, legal and otherwise, for the consequences of this decision.

Required: \_\_\_\_\_  
Full name of mother Signature Date

Encouraged: \_\_\_\_\_  
Full name of father Signature Date

Required: \_\_\_\_\_  
Full name of licensed healthcare provider Signature Date

Check one:  Hospital birth  Home birth

### Healthcare provider instructions:

1. Have the parent(s) read the Newborn Screening and Services Brochure insert listing and describing the disorders included in newborn screening.
2. Complete this form for each infant when the parent(s) refuse(s) newborn hearing screening.
3. Send the original form to the Rhode Island Hearing Assessment Program, c/o Director of Audiology, 134 Thurbers Avenue, Suite 215, Providence, RI 02905.
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 Rhode Island Department of Health website at [www.health.ri.gov/newbornscreening/for/providers](http://www.health.ri.gov/newbornscreening/for/providers). Refusal forms are located in the "Forms" box on the right side of the page.