

**VERMONT DEPARTMENT OF CORRECTIONS
SERVICE AGREEMENT FOR MEDICAL/DENTAL DIET - REFUSAL**

TO THE INMATE:

1. The Medical/Dental Diet:

- This is recommended as a part of your medical/dental treatment plan.
- At this time, you have the right to refuse this treatment.
- In the future, you may cancel this medical/dental diet by completing a Special Diet Cancellation Request form and submitting it to the Food Service Supervisor.


2. At Meal Service:

- You are required to follow the procedure as outlined by the food services staff for receiving your medical/dental diet during mealtimes.
- You are responsible for checking your tray for mistakes and reporting this to the Correctional Officer in the dining room or serving your meal immediately.

3. Reinstatement of the Medical/Dental Diet:

- If your medical/dental diet has been canceled and you wish to have it reinstated, you must make an appointment to see the qualified health care professional to discuss the reinstatement.
- The qualified health care professional will make the decision whether to reinstate the medical/dental diet.

I, Doe, Janey, 140481, understand the above information provided to me regarding my medical/dental diet. I, Doe, Janey, 140481, *refuse* the prescribed medical/dental diet at this time. I reserve the right to reconsider at a later date and will make an appointment to see the qualified health care professional at that time.



Doe, Janey
Wed Dec 28 2016 14:33:39

Inmate Signature



MaryJane Alnsworth

Qualified Health Care Professional Signature