



Waiver of Liability: Care during the COVID-19 Pandemic

I have requested an initiation or resumption of my care, despite uncertainties related to the risks that I may be taking. I understand that our current understanding of the COVID-19 virus, its transmission and risks to humans is incomplete and constantly changing. **I confirm that I am not currently nor am I trying to become or have a partner become pregnant.**

What we do know is that COVID-19 is a highly contagious virus that can be transmitted by asymptomatic people. It has been estimated that as many as 25% of the patients who contract COVID-19 never have any symptoms, making it hard to protect anyone (including women who want to conceive or are pregnant). The known consequences of contracting the COVID-19 virus range from being asymptomatic to respiratory failure and death. A variety of co-morbidities increase the risk of having a more severe course of infection but seemingly healthy young people can develop respiratory failure and die. What determines the wide range of presentations is still a mystery to scientists and physicians. **Information on how this virus impacts people is limited and evolving.**

Integral Healing LLC understands that treatment under pandemic circumstances has its risks. We also understand that patients are capable of and do make risk assessment decisions for themselves every day. This process is facilitated by the informed consent process.

Understanding the above and, as an expression of autonomy, I wish to receive treatment, possibly contrary to the recommendations of health authorities. I agree to abide by any recommended procedures / protocols instituted, including the fact that treatment may need to be cancelled at any point in time. I also do hereby accept any and all risks to the extent allowable by applicable law, and absolve, release, indemnify, protect and hold Integral Healing LLC harmless from any and all liability (including attorney fees and costs) for the consequences of same, whether mental or physical nature of character, to ourselves, and for affirmative acts or acts of omission which may arise during the performance of this agreement. **I also understand that if I wish to become pregnant or have a partner become pregnant during the course of treatment, another waiver particular to fertility and reproduction must be executed as a condition to treatment.**

In signing this document, my/our questions have been answered to my/our satisfaction.

Patient: _____

Date: ____/____/____

In case of minor or incapacitated patient: signature of parent/guardian:

Date: ____/____/____