Dr. Diane Brzezinski

COVID-19 (CORONAVIRUS) LIABILITY WAIVER

I, the undersigned, do acknowledge the contagious nature of the Coronavirus (COVID-19) and that the CDC and public health authorities are still recommend the practice of social distancing, and the wearing of facial coverings in public.

I further acknowledge that Diane Brzezinski, D.O. has put into place preventative measures, as recommended by the CDC, to reduce the spread of the Coronavirus (COVID-19).

I further acknowledge that Diane Brzezinski, D.O. can not guarantee that I will not become infected with the Coronavirus (COVID-19). I understand that the risk of becoming exposed to and/or infected by the Coronavirus (COVID-19) may result from the actions, omissions, or negligence of myself and others, including, but not limited to, office staff and other practice patients and their families.

I voluntarily seek services provided by Diane Brzezinski, D.O. and acknowledge that I am increasing my risk to exposure to the Coronavirus (COVID-19). I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).
- I have not been diagnosed with Coronavirus (COVID-19) and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus (COVID-19).

I hereby release and agree to hold Diane Brzezinski, D.O. harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes and action, claims, demands, damages, costs, expenses, and compensation damage or loss by myself and or property that may be caused by any act, or failure to act of the office or that may otherwise in any way in connection with any services received at Diane Brzezinski, D.O. I understand that this release discharges Diane Brzezinski, D.O. from any liability or claims that I, my heirs, my personal representatives, may have against Diane Brzezinski, D.O. with respect to any bodily injury, illness, death, or property damage from or in connection to any services rendered by Diane Brzezinski, D.O. This waiver and release extends to Diane Brzezinski, D.O., together with any partners, or employees.

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Patient Printed Name

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Patient Signature

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Date