



LIMITATIONS

Client Name: _____

Date of birth: _____

- **Palm Beach Women's Clinic** is a non-profit medical clinic specializing in pregnancy education, verification and decision. All of our services are confidential.
- We serve clients from a physical, emotional, mental and spiritual approach. You will be treated with respect at all times.
- **Palm Beach Women's Clinic** is staffed by paid employees and volunteers who provide medical and non-medical services such as education, consulting, life planning and community referrals and who have received training in crisis counseling. The non-medical employees and volunteers do not have academic degrees in counseling, nor are they licensed by the State of Florida. The medical employees and volunteers are licensed by the State of Florida and are fully trained to cover all medical aspects of their clinic duties. The counseling provided is not intended as a substitute for professional counseling.
- Our medical services are provided under the direction and supervision of a licensed physician.
- In Consideration for the rendition of medical services, I hereby voluntarily release, waive and discharge **Palm Beach Women's Clinic**, their staff, directors, physicians, volunteer physicians, volunteers, lessors, heirs, successors and/or assigns from any and all claims, demands, damages, costs, loss or services, expenses, compensation and causes of action of any nature whatsoever connected with the rendition of medical services which I, my spouse, my heirs, my assigns, my legal representative or my successors may have against any of them arising out of or in any way growing out of personal injuries or death having resulted or to result at any time in the future, whether or not they are in the contemplation of the parties at the present time. I understand that this waiver includes any claims based upon negligence, action or inaction of **Palm Beach Women's Clinic**, their staff, directors, physicians, volunteer physicians, volunteers, lessors, heirs, successors and/or assigns. I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Palm Beach **Women's Clinic** and said staff and sign it of my own free will.
- Medical records will be provided upon receipt of a signed medical release form request with proper identification as long as the request meets HIPAA and organization policy requirements.
- All information is kept confidential except if child abuse reporting laws apply, or as required by law, or if we believe or hear that you are in danger of hurting yourself or others.
- **Palm Beach Women's Clinic** is responsible for the mandatory reporting of Chlamydia and Gonorrhea, to the Florida Department of Health (DOH). The DOH will notify sexual partners as per their protocol.
- **Palm Beach Women's Clinic** does not make any money from the choices you make. **We do not perform abortions or administer the pill, nor are we allowed to refer for them. We do not sell or distribute birth control devices.** The Clinic provides education about pregnancy, abortion, parenting, adoption and lifestyle choices under the supervision of the medical director. Literature, options counseling and fetal development apps may be used for the purpose of education. I accept and release the Clinic from any and all claims relating to my viewing these materials.
- **Palm Beach Women's Clinic** provides physician referrals for additional reproductive health care.
- Electronic devices with recording capabilities are not permitted. This clinic and its representatives do **NOT** consent to having any conversation recorded.

I have read and understood the above and hereby authorize the staff of Palm Beach Women's Clinic to render whatever services are necessary for my care. I have answered these questions truthfully and honestly to the best of my knowledge.

Signature

Date