

Sample disclosure form

Consent for charity care

I, (patient's name), acknowledge that Dr. (physician's name) is a volunteer health care provider, and is not administering care for or in expectation of compensation. I also understand that as a volunteer health care provider, the physician is immune from civil liability for any act or omission resulting in death, damage, or injury as long as the volunteer acts in good faith and in the scope of his or her duties within the organization in providing the health care services.

Furthermore, I realize that the civil liabilities of both the charitable organization and an employee of the charitable organization are limited to money damages of \$500,000 for each person, \$1 million for each occurrence of bodily injury or death, and \$100,000 for each occurrence of injury to property. These limits apply to the employee of the organization separately; they are not aggregate limits.

I understand these limitations on the recovery of damages from the volunteer health care professional are in exchange for receiving health care services.

Patient's signature

Date

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