



Statement Regarding Volunteer Services

(The State of Texas requires that patients of the Clinic receive and sign this declaration.)

Before receiving health care services from Temple Community Clinic, the undersigned person Acknowledges the following facts:

1. Some of the healthcare services that I receive at Temple Community clinic may be provided by one or more volunteer doctor(s), nurse(s), or other healthcare professional(s) (the Volunteers).
2. The Volunteers are acting without compensation or expectation of compensation for providing such health care services.
3. State law provides that an individual who is serving as a direct service volunteer of a charitable organization providing healthcare services is immune from civil liability for any act or omission resulting in death, damage, or injury to a patient if (a) the volunteer was acting in good faith and in the course and scope of the volunteer's duties or functions within the organization, (b) the volunteer commits the act or omission in the course of providing healthcare services to the patient, (c) the services provided are within the scope of the license of the volunteer, (d) before the volunteer provides healthcare services, the patient or the patient's parent, managing conservator, legal guardian, or other person with legal responsibility for the care of a patient signs a written statement such as this, (e) the organization maintains certain liability insurance coverage (set forth below), and (f) the act or omission that causes injury, damage, or death does not arise from the operation or use of any motor-driven equipment.
4. State law does not give immunity of Temple Community Clinic for the acts or omissions of its volunteers or employees but instead limits Temple Community Clinic's liability to \$500,000 for each person, \$1,000,000 for each single occurrence of bodily injury or death, and \$100,000 for each single occurrence of injury to or destruction of property.
5. Temple Community Clinic maintains liability insurance coverage in the amounts indicated in Section 4 above.
6. The immunity and limits on liability set forth in Sections 3 and 4 above do not apply to an act or omission that is intentional, willfully or wantonly negligent, or done with conscious indifference or reckless disregard for the safety of others.

I have read and understand this statement.

Date

Signature of Patient

Acknowledgment of Review of Notice of Privacy Practices

I have reviewed this Clinic's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient

Date