



Washington Association of Physicians of Indian Origin

Disclosures to Participants: (To be displayed during the activity)

By your direct or indirect participation in this health education program sponsored by WAPI, you agree and acknowledge that:

- A.** The purpose of this encounter with us (WAPI physicians & other educators) is to promote community awareness and education about certain diseases such as diabetes and coronary heart diseases in local Indian communities, encourage people to cultivate healthy eating & exercise habits and encourage them to seek appropriate screening and healthcare thru their primary care physicians.
- B.** Your attendance and participation in this activity is voluntary and free. AND you do not expect to receive care, consultation, prescription etc. pertaining to your health.
- C.** None of your interactions or communications of any kind herein with our providers shall create or establish any “doctor-patient” relationship AND this will not extend or renew your doctor-patient relationship if you happen to see your current or former doctor(s).
- D.** The education or advice (including advice in response to any of your questions) you receive or the things you learn here will not be part of your medical records anywhere as there are no medical records created by this service. Any and all such advice or education related to any health matters, no matter how specific it may sound to your own health issues, shall be considered a general health education or advice pertinent to particular disease(s) or topic(s) under discussion.
- E.** You understand that you will need to see your own physician (doctor) to seek appropriate advice, screening and care for any and all health-related issues and concerns.
- F.** WAPI may keep your demographic information and certain health data for the purpose of administering this program and/or for creating and maintaining certain health registries for its future use. (This will not be considered your medical records)
- G.** You understand that asking any health questions or participating in discussion in an open/group setting may expose your protected health information to others. So please exercise appropriate precautions.
- H.** You agree to hold Physicians, Educators, and WAPI & Venue including its officers, volunteers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys’ fees) or claims for injury or damages arising out of your participation in this program.
- I.** Your mere presence & participation in this program affirms your agreement to above terms AND your signature in the logbook confirms your participation.