



Washington Association of Physicians of Indian Origin

Disclosure to Physicians & Other Volunteers (To be displayed during the activity)

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

- A.** The purpose of your volunteering for WAPI for this program 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.** You are a licensed physician or qualified health educator to provide your services for this program AND you are doing this as a volunteer without any compensation.
- C.** You will refrain from providing any type of care, consultation, prescription etc. to any participants (including your current patients if any) while you are a part of this program.
- D.** It is ok for you to give out the names of primary care physicians and specialists, **as a courtesy**, to enable participants to seek appropriate care, counseling and screenings.
- E.** It is ok for participants to seek appropriate care **later on** from you and others **if so desired by participant**
- F.** No medical records are to be created or maintained by you as a result of this activity except helping WAPI to create and maintain demographic information and certain health data for the purpose of administering this program and health registries for certain diseases such as diabetes, heart disease etc. for local Indian communities. WAPI shall be the sole owner of these data and registries so created &/or maintained.
- G.** You will take appropriate precautions to prevent the dissemination of protected health information (if any) in the course of this activity.
- H.** You agree to hold WAPI & Temple including its officers, other 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 log book confirms your participation.

Name & Title

Signature