

**Perinatal Community Clinic | Ìyá Pittsburgh Project
Consent Form**

I, _____ hereby attest and agree to the following:

- 1) I fully understand that, unless otherwise stated, all volunteer staff at the Perinatal Community Clinic (PCC) are not licensed or regulated by the Commonwealth of Pennsylvania or any national or international organisations.
- 2) I fully understand that, unless otherwise stated, all volunteer staff at the PCC are not licensed physicians, nurses, or psychotherapists and cannot diagnose diseases, prescribe drugs, or recommend treatment for specific disease conditions or mental health concerns.
- 3) I understand that all services, education, information, materials, or items (“services & goods”) provided by the volunteer staff at the PCC are provided to evaluate my inherent constitution and temperament, for the sole purpose of helping me to improve my general health through nutrition, habits, and attitudes. I further understand that said services & goods cannot determine specific disease conditions or mental health concerns I may have and do not replace the diagnostic services offered by licensed physicians, nurses, or psychotherapists.
- 4) I understand that, unless otherwise stated, all volunteer staff at the PCC neither claim nor imply that any instruction, advice, counsel, suggestions, recommendations, or services & goods they provide, whether in person, by mail, email, Internet, social media, or telephone, will cure, treat, prevent, or mitigate any disease condition or mental health concern; but are provided solely for the purpose of increasing energy, supporting the natural function of body systems, and otherwise improving general health and fitness or for educational purposes only.
- 5) I understand that all volunteer staff at the PCC have not suggested that I cease any medical care I may be undertaking. I understand that the decisions I make regarding my healthcare and the healthcare of those under my guardianship are my responsibility, and certify that I will not hold the volunteer staff at the PCC responsible for the consequences of my decisions.
- 6) I understand and acknowledge I am making a personal choice to receive service & goods from the volunteer staff of the PCC, and doing so AT MY OWN RISK. I do not hold Ìyá Pittsburgh Project or any PCC voluntary staff member liable or accountable for any physical, mental, emotional, or spiritual injury, complication, or general dissatisfaction that may occur. I understand that it is also my personal choice to act, or not, on any of the recommendations provided.
- 6) I affirm that I am here on this visit and on any subsequent visit or contact, whether by mail, email, Internet, social media, telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of investigation.
- 7) I understand all volunteer staff at the PCC will use their best efforts to keep my name and private information confidential in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA).

I have read and understand the statements above, as well as the [PCC disclaimers](#), been given the opportunity to ask questions, been provided adequate informed consent, and agree to the terms and conditions set therein.

Date of Consent Given: _____

Printed Name: _____

Signature/Guardian Signature: _____

Printed Guardian Name: _____