

Tenpenny Integrative Medical Center

7380 Engle Road

Middleburg Heights, Ohio 44130

440-239-3438

RELEASE FORM FOR PHONE CONSULTATIONS

for Ivermectin and Hydroxychloroquine

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request a telephone consultation to discuss information and answer questions regarding COVID19 with a health professional at Tenpenny Integrative Medical Center (aka TIMC.)

I agree to the following terms and conditions:

* I understand my consultation does not create a doctor-patient relationship, either before or after the consultation. If further questions arise regarding COVID19, Ivermectin, HCQ or supplement recommendations after this phone consultation, I will contact TIMC or, if no one is available at TIMC (after hours, holidays, etc.) I agree to consult my local healthcare practitioner.
* My purpose in speaking with Dr. Tenpenny, or other health professionals at TIMC, is to obtain information and an opinion, based on their research and experience. The consultation is for my general educational information only.
* **I understand that the opinions and recommendations I am seeking are not necessarily in line with conventional medical recommendations regarding IVERMECTIN, Hydroxychloroquine (HCQ), other medications and supplements. I will make my own decisions accordingly.**
* **I understand that IVERMECTIN and/or HCQ is not FDA approved for the treatment, prevention or mitigation of COVID19 symptoms. I understand that while taking IVERMECTIN and/or HCQ, I may become ill with a COVID19 or other infection which may require additional treatment, even hospitalization. I agree that if my condition warrants, I will go directly to the nearest hospital for evaluation, treatment and possible admission.**
* I understand that the health professionals at Tenpenny Integrative Medical Center recommend that I make decisions about my health, and the health of my family, in partnership with a qualified healthcare professional in my local area. Information given to me is entirely at my own risk. The information is intended to add to my personal understanding and research, and I am solely responsible for my decisions.
* I understand my consultation may contain confidential and proprietary information and the information is intended for use by me alone. Any information obtained during the consultation will not be shared with other parties, without the written consent of said healthcare practitioner.
* TIMC will maintain as confidential any personal information shared during this consultation.
* I understand that all web-based and phone-based interactions have risks that unauthorized individuals my access this information and to that end, I assume responsibility for that risk and hold harmless Dr. Sherri Tenpenny, TIMC, TIMC’s health practitioners, TIMC’s employees, and any agents, affiliates and/or professionals who are parties of this call.
* I agree that this consultation and the call has **not** been recorded.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ YES, please add me to your confidential email database.

\_\_\_\_ NO, I do not what to be added to your email database. \_\_\_\_ I am already a member of your email database.