

**DR JOCELYN HELIG**

MBCChB (UCT) FCP (SA) MMed Int Med (SU) Cert Endo & Metab (Phys)

### COVID-19 INDEMNITY FORM

Due to the risks involved to doctors and patients, we have designed the following indemnity form for patients to sign. It is vitally important that patients read and understand everything stated here below as well as the details in the separate document sent to them detailing our practice policies during this trying time. Should you feel uncomfortable with any off these, please call us to request a virtual consultation.

1. I confirm that I have been offered alternative methods of completing and conducting my consultation, including a virtual consultation via skype, zoom or telephone and that the request for a face to face consultation was at my request.
2. I confirm that I have been informed that Dr Hellig is currently caring for Covid positive patients in Hospital and have agreed to see Dr Hellig face to face knowing that there are risks involved, despite all precautions that have been taken.
3. I understand that it is my responsibility to inform the practice of any symptoms I might have prior to my consultation and that these symptoms may include feeling generally unwell and that my consultation may be cancelled and moved to a date when it is safe to do so should I pose a risk to any patients or staff.
4. I confirm that I have read and understand the updated practice covid-19 face to face consultation policy, which is also available on [www.drjocelynhellig.com](http://www.drjocelynhellig.com) and that my consultation will only take place under these strict conditions.
5. I understand that precautions have been taken to ensure my safety during the consultation and that all patients are required to wear a face mask in the practice. Sanitising would be required upon entering and refusing to wear a mask OR sanitize will result in my consultation being cancelled.
6. I furthermore understand that this practice charges private rates and that my consultation needs to be settled in full on the day. Rates would have been communicated to me prior to the appointment, but I will contact the practice beforehand to obtain the rates should I not have been informed.
7. From what we know and understand, elderly persons and those with underlying chronic conditions, are at greater risk of contracting the disease. I therefore understand that I am putting myself at risk by leaving my house and entering a medical facility apart from the doctor's rooms should I have any underlying conditions or be older than 50.

#### Should the patient be a minor?

I (Parent / Gaurdian) of \_\_\_\_\_ (Patient name and surname), agree that I have read and fully understand the risks involved for face to face consultations as stated here above and confirm that the request for a face to face consultation is at my request. I will not hold the practice or any of its staff members liable for any damages incurred during my visit to the practice.

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Patient Name	Patient Surname	
Patient ID Number	Signature	Date
Patent / Guardian Name & Surname	Signature	Date