



## WAIVER OF CHAPERONE FORM

It is our policy at Essential Health & Wellness LLC, for the protection of the patient and the Essential Health & Wellness LLC Staff, that any patient or provider may request a second healthcare professional to serve as a chaperone during any medical examination.

Your rights as a patient include:

- Essential Health & Wellness should accommodate patient preference as to chaperone gender whenever appropriate and feasible.
- If a chaperone of the requested gender is not available, the patient shall be given the opportunity to reschedule the appointment within a reasonable amount of time from the originally scheduled date.
- If a patient refuses to have a chaperone for an examination when one is required, or when the provider has requested a chaperone, Essential Health & Wellness may transfer care to another provider or clinic.
- The provider must document his/her discussion with the patient regarding Essential Health & Wellness' chaperone requirement and the patient's refusal.
- In a non-emergency situation, the provider may either perform the examination without a chaperone or refer the patient to another qualified provider. The provider must document the referral and the reason for it.

By signing this form, you are waiving the need for a chaperone for office visits, testing, and procedures. At any time, a patient may rescind this waiver and request a chaperone. This waiver will remain in place for 1 year from the date of signature and will be renewed on an annual basis. If you have any questions, please do not hesitate to ask a member of the clinical staff or management.

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*Print Name of Patient / Legal Representative*

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*Date*

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*Signature of Patient / Legal Representative*

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*Description of LR's Authority*