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Covid-19 Agreement

Please **INITIAL** (in the spaces prior to each item) and sign your name/date at the bottom.

I, [**print your name here---**>] _____, understand & agree to the following:

___ I was freely given a choice between an in-person or a virtual appointment with Dr. Abernathy, with no penalty or reward for choosing either.

___ I understand that in choosing an in-person appointment, no one can guarantee that I won't contract covid-19 as a result of my choice.

___ I understand that all usual and reasonable precautions will be taken to offer a safe space for my appointment, but a facility previously occupied by other patients and Dr. Abernathy herself cannot be guaranteed to be 100% free of covid-19 virus.

___ I agree to indemnify and hold harmless Dr. Abernathy for any and all ill or negative effects (including death) that I may suffer as a result of my choice, and this extends and applies to my family, friends and heirs, in the event of my untimely demise.

___ I agree to immediately change my appointment to virtual if I'm experiencing any symptoms of covid-19 infection, however mild, or if I have knowingly been exposed to anyone with Covid-19 in the past 10 days.

___ I agree to immediately notify Dr. Abernathy if anyone I've been exposed to develops covid-19 within 10 days **AFTER** my appointment.

___ I extend this agreement to all future in-person appointments.

___ I verify that I am of sound mind, and able to fully understand and abide by these provisions.

Full Name [PRINTED] _____

SIGNATURE _____

Today's Date _____