

RELEASE AND WAIVER OF LIABILITY **For Elective Fetal Ultrasound Packages**

Taguchi Women's Clinic, PLLC ("TWC") offers elective ultrasounds solely for entertainment and viewing purposes. Elective ultrasound packages provided are not diagnostic in nature and are not meant to serve as a replacement for standard medical care and treatment. I hereby acknowledge, understand, and agree to the following:

I, _____ (initials) am under the care of Yasuto Taguchi, MD ("Dr. Taguchi") or other health care provider relating to my pregnancy. (If it is not Dr. Taguchi, please specify your obstetrical provider's name here _____).

I, _____ (initials) have undergone a medical diagnostic ultrasound exam prescribed by my prenatal care provider and have obtained such physician's consent to receive an elective ultrasound from TWC. (Consent is not required if you are a patient of Dr. Taguchi).

I, _____ (initials) understand that this ultrasound package is not covered by insurance because of its elective nature. Therefore, advance payment is required.

I, _____ (initials) understand that these elective ultrasound packages that I have voluntarily requested are intended for **entertainment and viewing purposes only** AND **do NOT take the place of diagnostic ultrasounds** or any other medical treatment recommended by my provider. Although the TWC sonographer performing my elective ultrasound is registered and qualified to provide such ultrasounds, I understand that he/she is NOT qualified to interpret, diagnose, or consult on any medical conditions or problems relating to the images produced, the health and well-being of the fetus and my overall pregnancy.

I, _____ (initials) realize and understand that the quality of ultrasound images depends on a variety of factors including fetal position, stage of development, and bodily fluids. I understand that TWC cannot and does not guarantee the accuracy of gender determination and/or the quality of ultrasound images.

I, _____ (initials) understand that TWC owns the rights to any photos, videos, or images produced during a TWC ultrasound session.

I, _____ (initials) hereby authorize TWC to use any photos, videos, or images produced during a TWC ultrasound session for any manner whatsoever, including marketing materials.

I, _____ (initials) understand that I am responsible for contacting my own obstetrical provider if I have any questions concerning this ultrasound or any other aspect of my pregnancy.

I, _____ (initials) understand that while ultrasounds are believed to have no harmful effects on the mother or fetus, that ultrasound energy delivered to the fetus cannot be assumed to be completely not harmful and other information may disclose adverse effects that are presently unknown.

In consideration of the services rendered, the receipt and sufficiency of which are hereby acknowledged, I hereby agree to release and hold harmless TWC, its agents, employees, affiliates, and owners, from any and all claims or causes of action for injury, harm, loss, damage or other liabilities which result from or are alleged to result from, this ultrasound, including but not limited to inaccurate determination of fetal gender.

I have carefully read and understand this Release and Waiver of Liability in its entirety and hereby acknowledge and consent to its contents.

Print Name: _____

Signature: _____

Date: _____