Informed Consent and Letter of Understanding for all Patients.

This letter of understanding and waiver of liability serves as a consent and hold harmless agreement for patients seeking consultative care with Dr. Bazger and Life Flows MEDICINE & SURGERY PLLC, including visits and care coordinated through My Catholic Doctor PLLC.

ü I understand that in order to receive in-person consultative care and surgery from Dr. Bazger of Life Flows MEDICINE & SURGERY PLLC, that I am required to provide the name of my established local/Primary OB/GYN Physician or OB/GYN Physician group. I understand that if I do not provide the name of an established local/Primary OB/GYN Physician or OB/GYN Physician group with whom I am established, that my in-person visit will be cancelled and rescheduled contingent upon this requirement being met. I will specifically ask Dr. Bazger for recommendations of local OB/GYN Physicians whom I may seek care with if I am in need of suggestions or wish to transfer care from my current primary OB/GYN Physician to a different OB/GYN Physician group/practice. I understand that an established age-appropriate primary care physician or pediatrician is also recommended for routine preventative screening, general health maintenance and short-term/long-term management of co-morbidities.

ü I understand that all routine, urgent, and emergent GYN and reproductive health care will be provided by my local or Primary OB/GYN Physician or OB/GYN Physician group. This includes but is not limited to:

- Annual exams (pap/HPV cervical cancer screening, pelvic exam, breast exam, breast screening modalities, STI testing)
- Routine preventative screening and overall/reproductive/GYN health maintenance
- Genetic testing/screening
- Evaluation, culture, and management of vaginal, cervical, urinary, or other genital infections
- All prenatal care, labor, delivery, obstetric, and postpartum care
- Evaluation and treatment of miscarriage, ectopic pregnancy, ovarian cysts, hemorrhage, acute pelvic pain, acute infections/PID/UTI, and all pregnancy-related issues

ü I understand that candidacy for the CONSULTATIVE PREGNANCY SUPPORT program which may include Progesterone surveillance/management, Protective measures, and Holistic Health counseling, is a virtual-only program which also requires an established local Primary OB/GYN Physician or OB/GYN Physician group for all prenatal care and obstetric services. If progesterone monitoring is decided upon, I understand that email correspondence fees apply for communication and coordination of care between visits. I also understand that if I am intending a home birthing experience, I am excluded from this program with the primary reason being that Dr. Bazger of Life Flows MEDICINE & SURGERY PLLC endorses the highest level standard of care for pregnancy, peripartum care, and beyond, and that a preventative/proactive/holistic program is meant to be offered as an adjunct to comprehensive routine Physician-provided prenatal and obstetric care with immediate access to a safe birthing environment for mother and baby without delay.

ü I understand that telemedicine, telehealth, and virtual care are never intended to replace urgent and emergent in-person care and evaluation when necessary or indicated, and that the sources for urgent and emergent care are through my local primary care Physician, local primary OB/GYN Physician or OB/GYN Physician group, urgent care setting, or ER (Emergency Room) when necessary, indicated, or when advised by my Physician.

ü I consent to, understand, and agree to respect and abide by Dr. Bazger's policies, procedures, protocols, and operational processes, as well as those declared through the Life Flows MEDICINE & SURGERY PLLC Mission statement and Cultural principles. I understand that practice processes may evolve and change over time. I commit to perceiving my care experience with a reasonable, patient, humane, and charitable expectation. I understand that my participation and cooperation with these guidelines is expected and required for the sustainability of such Physician-based Practice entities which are vital to the greater mission and goals of Pro-Life Catholic/Apostolic/Orthodox Christian Healthcare and Ministry.

Patient Name Printed:

Date (MM/DD/YYYY):

Patient Guardian Name Printed (if applicable):

Date (MM/DD/YYYY):

Please type your name to sign below:

Date (MM/DD/YYYY):

☐ I am the parent/guardian of this patient