



Declaration of Professional Liability Insurance Physician or Dentist

We are honored to have so many physicians, dentists and other professionals participate in the Free Clinic of Southwest Washington (FCSW). There has not been one claim in our history of operation, but we want to make sure you are protected in the event of a malpractice claim.

Free Clinic of Southwest Washington's insurance **specifically excludes** professional liability for physicians and dentists. The Good Samaritan Act - RCW4.24.300 provides protection for individuals who are serving in a purely non-profit capacity. However, this would not provide you with any coverage for legal expenses if it was necessary to defend against a malpractice claim.

Health Professionals should notify their insurance policy holder they will be volunteering their professional services at the FCSW. Some offices have already listed the FCSW on their insurance policies, ensuring that their employees are covered while volunteering at the FCSW. Should your policy holder *specifically exclude* your volunteer service, you may register with AHEC (see below) for free liability insurance.

Name (please print): _____
First Middle Initial Last

Declaration of professional liability insurance: (please ✓ and initial option, initial re: loss of coverage where indicated, carefully read statement, then sign and date.)

- _____ I have notified my insurance policy holder and am covered for volunteer service.
- _____ I have notified my employer and am covered for volunteer service.
- _____ I have, or will apply for Western Washington Area Health Education Center's free malpractice insurance for retired volunteers or for volunteers whose own policy will not cover their volunteer work.

_____ I accept responsibility for notifying the FCSW if I lose my insurance coverage as it applies to FCSW.

I understand FCSW will not be held responsible for my medical or dental judgment and practice, any and all medical or dental care I provide at FCSW, and any of my actions taken with regard to or on behalf of FCSW. I understand that FCSW will not be responsible for any allegations of medical or dental malpractice against me, and will not provide a defense for me against any such allegations. I agree to defend, hold harmless, and indemnify FCSW against all claims, demands, and judgments made or recovered against FCSW arising out of, or in connection with, medical or dental care and treatment I provide to FCSW patients.

Signature

Date

EMAIL THIS FORM TO:
volunteer@freeclinics.org
Or fax to 360-313-1391

For more information about **FREE Professional Liability Insurance for Volunteers** go to
<http://www.freeclinics.org/volunteer/insurance>