

CONSENT ADDENDUM

I understand that in the event naturopathic doctors are able to act as PCPs during the COVID pandemic, the original consent form will continue to apply, and Dr. LoBisco will continue to strictly adhere to the original consent form signed. In no way during my wellness consultations will Dr. LoBisco be acting as a primary care physician that can diagnosis, treat, or prescribe or replace standard of care. Dr. LoBisco will continue to act as a wellness consult with supportive care to enhance general health only.

Due to the fact that Dr. LoBisco does not take insurance, HIPAA is not applicable. I understand that communications are not guaranteed to be secure and I waive Dr. LoBisco of any liability of this through our communication.

I realize that I should contact my primary care physician first with any symptoms of COVID, potential threatening illness, or changes to my health that warrant standard of care treatment, as Dr. LoBisco will not be diagnosing, treating, or prescribing for any disease. Regardless of licensure, I hereby release Dr. LoBisco of any liability if I choose not to contact my primary care provider when deemed necessary by her, by standard of care treatment, or due to any condition throughout treatment.

This document is an addendum to the [original consent form](#), which I also continue to consent to, and will be binding throughout my care with Dr. LoBisco and continuing thereafter.

Signed:

Name:

Date: