

# EMPLOYEE WELLNESS. P.A.



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Effective July 1, 2020, Florida has required medical providers to obtain written consent from a woman obtaining a pelvic or rectal examination by the provider.

By signing this consent, I hereby give my complete consent to the Employee Wellness, P.A. medical provider to examine my vagina and/or anus, visually, with manual manipulation of any part of the vagina, penetration of the vagina by a finger or fingers, or with penetration by a medical instrument in order to visualize the parts of the vagina, the cervix, or anal tissue and/or to feel for any abnormalities, or provide medically necessary testing or care.

I hereby release and hold harmless any medical professional including but not limited to physician, Advanced Practice Registered Nurse, Physician, or Medical Assistant of Employee Wellness, P.A., Michele F. Libman, M.D. P.A./ d/b/a Treasure Coast Urgent Care, Michele, F. Libman, M.D. P.A., Michele F. Libman, M.D. individually, and any other employee, agent, or officer of the company from all claims of simple, aggravated, or sexual battery for any pelvic or anal examination and/or procedure.

Any male providers shall have a female medical assistant present during the examination and female medical providers may have a female assistant present at their discretion.

I have read and fully understood the above and agree to its terms.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Employee Witness signature