

**HEALTH CENTER VOLUNTEER HEALTH PROFESSIONAL
FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM**

Sample Patient Acknowledgment of Notice of Limited Liability for FTCA Deemed Health

Center Health Professional Volunteers

Health Center Name:

Health Center Address:

Health Center Phone Number:

Patient Acknowledgment

By signing below, I acknowledge receiving notice that under federal law relating to the operation of health centers, the Federal Tort Claims Act (FTCA) provides the exclusive remedy for damage from personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions within the scope of deemed employment by any volunteer of a deemed health center who the Department of Health and Human Services has deemed to be an employee of the Public Health Service. (*See* Public Health Service Act subsection 224(q), codified at 42 U.S.C. § 233(q))

This acknowledgment of notification of the limitation on liability is being provided before health care services have been provided to me by this individual, except in emergency cases, when my acknowledgement may be provided as soon after the emergency as is practicable.

[For patients lacking legal responsibility for his or her health care under state law, this statement is acknowledged by a parent or legal guardian.]

Acknowledged:

(Patient signature)

(Patient name, printed legibly)

Date