



Franklin County Forensic Science Center

Office of the Coroner

Dr. Anahi M. Ortiz, M.D.

2090 Frank Road

Columbus, Ohio 43223

Phone (614) 525-5290 Fax (614) 525-6002

coroner.franklincountyohio.gov



FRANKLIN COUNTY FORENSIC SCIENCE CENTER, OFFICE OF THE CORONER VISITOR GUIDELINES, RELEASE AND WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT

Welcome to the Franklin County Forensic Science Center, Office of the Coroner. During your visit you will have an opportunity to observe firsthand the process of medicolegal death investigation. As a visitor, you will need to understand the sensitive nature of what you will witness. The autopsy, which is similar to a surgical procedure, is but one tool that helps us understand cause and manner of death. Bear in mind that the decedents being autopsied deserve the same respect and confidentiality that you would wish accorded to members of your own family. In addition, our staff requires a quiet environment to perform their work safely and accurately. Therefore, please be courteous, attentive and refrain from loud talking and joking.

Due to the nature of an autopsy, you are required to wear protective equipment if you are within the examination suite(s). A mask (N-95 recommended), protective eye equipment, disposable apron and disposable gloves are required. It is your responsibility to ensure that you have, and are wearing, the appropriate protective equipment. For your personal safety, you should not approach closely to the autopsy table unless instructed to do so. Our staff will inform you of a reasonable distance to maintain. We appreciate your interest in the work of forensic pathology and trust that your visit will be valuable.

RELEASE AND WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT

The nature of work performed at a forensic facility inherently offers a variety of potential risks, including biological, chemical and other hazards. These risks also include health implications due to COVID-19 or other pandemics.

Waiver: In consideration of being permitted to visit the Franklin County Forensic Science Center, Office of the Coroner, I (print name) _____, the undersigned, in full recognition and appreciation of the risks inherent, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Franklin County, the Franklin County Forensic Science Center, Office of the Coroner, and each of their officers and employees, all for the purposes herein referred to as "Releasees", from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the Releasees or otherwise while the undersigned is in or upon the facilities of the Franklin County Forensic Science Center, Office of the Coroner or in any way arising out of a tour or visit, or the operation of that Office.

THE UNDERSIGNED further HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees or otherwise while in or upon the facilities of the Franklin County Forensic Science Center, Office of the Coroner or while participating in a tour or visit, or the operation of that Office.

Confidentiality: In consideration of being permitted to visit the Franklin County Forensic Science Center, Office of the Coroner, I (print name) _____, the undersigned, in full recognition and appreciation of the possibility of receiving Confidential Information for educational purposes, HEREBY AGREE TO CONFIDENTIALITY. The undersigned agrees not to use the Confidential Information in any way, except for the purpose set forth above. Recipient agrees to use its best efforts to prevent and protect the Confidential Information, or any part thereof, from disclosure to any person. Recipient agrees to take all steps reasonably necessary to protect the secrecy of the Confidential Information, and to prevent the Confidential Information from falling into the public domain or into the possession of unauthorized persons.

THE UNDERSIGNED further HEREBY AGREES TO CONFIDENTIALITY regarding any protected information received at the Franklin County Forensic Science Center, Office of the Coroner or while participating in a tour or visit, or the operation of that Office.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

Signature _____

Date _____