

HOPE FOR TOMORROW - WAIVER FOR FACE TO FACE COUNSELING

CLIENT NAME: _____ DATE: _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing and wearing face masks.

I further acknowledge that Patrick Henry Family Services, Inc. and Hope for Tomorrow Counseling have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Patrick Henry Family Services, Inc. and Hope for Tomorrow Counseling can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Hope for Tomorrow staff, and other HFT clients and their families.

I voluntarily seek services provided by Patrick Henry Family Services, Inc. and Hope for Tomorrow Counseling and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I ATTEST THAT: *(by checking the boxes)*

I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I have not traveled internationally within the last 14 days.

I have not traveled to a highly impacted area within the United States of America in the last 14 days.

I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Patrick Henry Family Services, Inc. and Hope for Tomorrow Counseling harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the organization, or that may otherwise arise in any way in connection with any services received from Patrick Henry Family Services, Inc. and Hope for Tomorrow Counseling. I understand that this release discharges Patrick Henry Family Services, Inc. and Hope for Tomorrow Counseling from any liability or claim that I, my heirs, or any personal representatives may have against the organization with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Patrick Henry Family Services and Hope for Tomorrow Counseling. This liability waiver and release extends to the organization together with all trustees, partners, and employees.

Signature of Client or Client's Guardian

Date

FOR CLINICIAN'S USE ONLY:

_____(initials) I have sanitized the primary surfaces in my office space prior to this appointment.