



COVID-19 PANDEMIC TREATMENT CONSENT FORM

I, _____, knowingly and willingly consent to have services by practitioner, Latonia Coates-Smith, MSW, LCSW with Embrace Healing and Wellness Therapy, LLC during the COVID-19 Pandemic.

Please initial next to each statement acknowledging your understanding.

____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

____ I understand that due to the frequency of visits of other clients and the characteristics of the virus, that I have an elevated risk of contracting the virus simply by being at the office or out in the community where I would be receiving services.

____ I understand that given the nature of the Coronavirus, accessing community resources including services offered by Embrace Healing and Wellness Therapy, LLC comes as an action taken at my own risk and that the provider of these services is not liable for this risk.

____ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below.

- Shortness of breath
- Loss of sense including taste and smell
- Dry cough
- Runny Nose (not related to allergies)
- Sore throat
- High Fever (100 degrees Fahrenheit or higher) in the past 24-48 hours
- Chills
- Muscle aches (not due to a pre-existing condition, injury, etc)
- Chest pressure or pain (not related to anxiety)
- Abdominal pain
- Headache
- Nausea
- Vomiting
- Diarrhea
- Loss of appetite

_____ I understand I will have to follow the practice's guidelines in order to receive services

_____ I verify that I have not traveled outside of the United States in the past 14 days

_____ I verify that I have not traveled domestically within the United States by commercial
airline, bus, or train within the past 14 days

***BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE AND AFFIRM THAT I HAVE
READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.***

Patient Signature _____ Date _____

Print Name _____