



SAFETY CHECKLIST AND CONTRACT
Yvonne Marisa Doelling, MA, MHP, LMHC, ATR-P, CDBT
Outside the Line Counseling & Art Therapy
506 Second Ave, Suite 1400
Seattle, WA 98104

contact@arttherapybymarisa.com phone number: 206.305.0080

I, _____ attest to the following with the best of my knowledge:

- _____ Do not have any weapons (guns, knives, etc.) in the home.
- _____ Do not have any aggressive animals or individuals in the home.
- _____ Do not have any toxic chemicals in the home.
- _____ Do not have any black mold or other hazardous health materials in the home.
- _____ Have been vaccinated for COVID or can provide proof of negative test results in the last seven days.

If it is discovered that any of these items were found to be present and known about, the right to therapy will be waived, and all future sessions will be terminated as per decision of Marisa Doelling.

Responsible Party:

Print name: _____

Signing on behalf of:

(if patient is unable to consent)

Relationship to patient:

Client Name: _____

Client Signature: _____

Date : _____

Yvonne Marisa Doelling, MA, MHP, LMHC, ATR-P Date : _____