

Due to the complications linked to the Coronavirus (COVID-19) and variants, our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.
- I understand that Psychological Behavioral Health and associated clinicians cannot be held liable for any exposure to the COVID-19 virus or the health history provided by each client.

By signing below, I agree to each statement above and release Psychological Behavioral Health and associated clinicians from any and all liability for unintentional exposure or harm due to COVID-19 or variants.