

Aloha Counselors, LLC

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COVID-19 RELEASE

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

I further acknowledge that Aloha Counselors, LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, such as mandating masks in the waiting room, cleaning door handles and equipment, and sitting 6 feet apart in the office. I acknowledge that I have the choice to wear my mask in the office and to ask my therapist to wear her mask in the office. I also acknowledge that I have the option to have my sessions via telehealth.

I further acknowledge that Aloha Counselors, LLC. cannot guarantee that I will not become infected with the Coronavirus/Covid-19 or any variants. 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.

I voluntarily seek services provided by Aloha Counselors, LLC and acknowledge that I am increasing my risk of 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 each time I have an in-office appointment:

- * 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 or any variants.
- * 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 Aloha Counselors, LLC harmless from and waive, on behalf of myself, 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 or that may otherwise arise in any way in connection with any services received from Aloha Counselors, LLC. I understand that this release discharges Aloha Counselors, LLC from any liability or claim that I may have against Aloha Counselors, LLC 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 Aloha Counselors, LLC.

Signature: _____ Date: _____

Printed Name: _____