



\_\_\_\_\_  
Client's Full Name

\_\_\_\_\_  
Date of Birth

## CORONAVIRUS/COVID-19 LIABILITY WAIVER

### Waiver Acknowledgement

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing, wearing a mask and washing my hands frequently.

I further acknowledge that THE MENTAL HEALTH STOP LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that THE MENTAL HEALTH STOP LLC cannot 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, THE MENTAL HEALTH STOP LLC staff, and other agency clients and their families. I also acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I further acknowledge that I am voluntarily seeking services provided by THE MENTAL HEALTH STOP LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I further acknowledge that I may waive wearing a mask if I have a physical condition or impairment that prevents the use of a mask. I also acknowledge that I may waive wearing a mask if doing so would cause undue detriment to my mental health.

### I attest that:

- *I will not attend my appointment if I am experiencing any symptom 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 will not attend my appointment if I have traveled internationally within the last 14 days.*
- *I will not attend my appointment if I have traveled to a highly impacted area within the United States of America in the last 14 days.*
- *I will not attend my appointment if I believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.*
- *I will not attend my appointment if I have been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.*
- *I will comply with all CDC and state recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.*
- *I will comply with Coronavirus/COVID-19 screening at every visit to THE MENTAL HEALTH STOP LLC until the conclusion of the pandemic and CDC and state guidelines are no longer enforced.*

### Release of Liability

I hereby release and agree to hold THE MENTAL HEALTH STOP LLC 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 behavioral health services agency, or that may otherwise arise in any way in connection with any services received from THE MENTAL HEALTH STOP LLC. I understand that this release discharges THE MENTAL HEALTH STOP LLC from any liability or claim that I, my heirs, or any personal representatives may have against the behavioral health services agency 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 THE MENTAL HEALTH STOP LLC. This liability waiver and release extends to the behavioral health services agency together with all owners, partners, and employees.

\_\_\_\_\_  
Client's Signature

Date: \_\_\_\_\_