

ANDREA TANG COUNSELING SERVICES, LLC
Taking Next Steps Together

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COVID-19 LIABILITY WAIVER

Please inform us if you had any of the following before you arrive to the office:

- My temperature has been above 100.4°F in the past 72 hrs,
- I have been in contact with someone in the past (2) two weeks who has been recently diagnosed with Covid-19,
- I have had any of the following symptoms in the past 10 days: fever, chills, cough, sore throat, shortness of breath, persistent chest pain or pressure, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and/or diarrhea,
- I have traveled outside of my local area within the past two (2) weeks.

If so, we are more than happy to provide your session via telehealth or reschedule your appointment for a later time.

Please initial the following:

____ I acknowledge that I am receiving psychotherapy and/or hypnotherapy counseling and both Andrea Tang and I will follow social distancing guidelines as well as inform one another of any symptoms or travel as set forth above.

____ I understand that while safety guidelines and sanitation protocols are in place, there is still a possibility of infection by asymptomatic carriers, respiratory droplets, airborne transmission, or through contact of contaminated surfaces.

____ In the event that I contract COVID-19, I will notify the office of Andrea Tang as soon as possible.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is an extremely contagious disease and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments, as well as federal and state health agencies recommend masks and social distancing. Your Licensed Mental Health Counselor (LMHC) has put in place preventative measures to reduce the spread of COVID-19; however, she cannot guarantee that you will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by receiving treatment and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to: personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my appointment. On my behalf I hereby release, discharge, and covenant not to sue my LMHC or Andrea Tang Counseling Services, LLC and will hold harmless my LMHC and any interested parties from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of my LMHC or the establishment where services are received, whether a COVID-19 infection occurs before, during, or after participation in any treatment session. Please visit [cdc.gov](https://www.cdc.gov) for more information on COVID-19.

Client Name (Print)

Client Signature

Date