

INFORMED CONSENT AND ASSUMPTION OF RISK

FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

You are hereby notified and you acknowledge that you are not required to receive counseling in person. By coming to the clinic, you assume the risk of exposure to COVID-19 (and any other health risk). If you are concerned about possible risks to your health, consult with your physician before attending in-person meetings.

We will respect your decision should you at any time choose to return to Telehealth services as long as it is feasible and clinically appropriate. If at any time it becomes unsafe to have in person counseling services due to a resurgence of COVID-19 or other health reasons, we may require the resumption of Telehealth sessions. If we determine that a return to Telehealth services is necessary, we will attempt to share that decision with you as soon as practicable.

By receiving services in person, you agree to be mindful of the risks to yourself, your counselor, and your household.

You hereby further acknowledge and agree to the following:

- You will only attend in-person sessions if you are free of COVID-19 symptoms, are not currently under a COVID-19 or other quarantine, and have not been exposed within the last fourteen (14) days to any person who has contracted COVID-19. We are happy to provide you with Telehealth services if you do not meet the foregoing criteria or are feeling unwell.
- You will adhere to the public health orders and any clinic guidelines addressing requirements for facial coverings and social distancing to the extent they exist.
- If you are feeling unwell and you wish to cancel for this reason, we won't charge you our normal cancellation fee.
- You will wash your hands and/or use hand sanitizer before entering the clinic.
- If you touch your face during a session, it is strongly recommended that you immediately wash or sanitize your hands.
- If you are working in a job that exposes you to individuals who may be infected, I request that you please let me know in advance of the in-person appointment. You may not attend in-person sessions if you are exposed to anyone who may be infected with COVID-19, whether related to your job or not.
- If you or a member of your immediate household tests positive for COVID-19, or if you or such household member has been recently tested for COVID-19 and have not received official test results, you may not attend in-person sessions. You agree that if this is the case, you will inform me (and my staff) immediately so that we may resume Telehealth sessions.

There are certain circumstances under which we may be required to notify health authorities that you have been in the office. This typically would only occur if someone

who had been seen in our office were to test positive for COVID-19. If this situation arises, and following applicable privacy laws, I will provide the minimum information necessary for the health authorities to perform their duties, and you hereby consent to such disclosure.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release, indemnify and waive any and all right of action, legal or otherwise, which I have or may have against Northland Community Church, Inc. (“Northland Church”) and its officers, directors, Governing Elders, pastors, managers, officials, trustees, agents, employees, or other representatives, from and against any loss, claim, damage or expense in connection with exposure, infection, and/or spread of COVID-19 related to my using or taking part in Northland Church’s services and premises. I understand that this waiver means I forever give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and forever give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Print Name: _____ Client ID# _____ Date: _____

Thank you for your help with limiting the transmission of the virus.

Please Stay Safe!!!