



genesis therapy center

Discovery...Recovery...Growth

COVID-19 CLIENT CONSENT FORM AND RELEASE

I acknowledge the contagious nature of the Coronavirus/Covid-19 and the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that The Genesis Therapy Center has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that The Genesis Therapy Center can not 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 Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to Genesis staff and other clients and their families. I voluntarily seek services provided by The Genesis Therapy Center and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all procedures to reduce the spread and while attending my appointment. I attest that:

- I have not traveled internationally within the last 14 days;
- I am not 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 smell or taste;
- I have not traveled to a highly impacted area within the last 14 days;
- I do not believe I have been exposed to someone with a suspected case of the Coronavirus/COVID-19;
- I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious;
- I am following all the CDC recommended guidelines as much as possible and limiting my exposure to Coronavirus/COVID-19;
- I agree to inform my therapist of any changes in the above information;
- I always agree to wear a face mask in the hallways, public areas, and waiting rooms of the Genesis Therapy Center offices.
- If you are not able to meet these guidelines telehealth sessions may be available or we will reschedule in person once CDC guideline criteria are met.

I hereby release and agree to hold The Genesis Therapy Center 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 Genesis Therapy Center. I understand that this release discharges The Genesis Therapy Center from any liability or claim that I, my heirs, or any personal representatives may have against The Genesis Therapy Center 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 Genesis Therapy Center and its staff and employees.

_____ (name) _____ (date)
 Client or guardian