**COVID-19 Counseling Notice and Acknowledgement of Risk Form**

Our goal is to provide a safe environment for our clients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus has a long incubation period. You or your therapist may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability of virus testing.

Due to the frequency and timing of sessions by other clients, the characteristics of the virus, and the characteristics of our sessions, there is an elevated risk of you contracting the virus simply by being in our office.

It is highly recommended that you wear a mask during your session to protect both you and your therapist. By not wearing a mask it leaves you more vulnerable to COVID-19 transmission during the session.

I confirm that I have read the notice above, understand and accept that there is an increased risk of contracting the COVID-19 virus in the counseling office. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I acknowledge that I could contract the COVID-19 virus outside this office in circumstances unrelated to my session here.

I have read and understand the information stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name Patient Signature (parent if minor) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness