

Chino Hills Psychological

14712 Pipeline Ave, Ste B
Chino Hills, CA 91709
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Voice and Text (909) 730-6400

COVID-19 WAIVER

1. I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
2. I further acknowledge that Albers Family Counseling has put in place preventative measures to reduce the spread of COVID-19.
3. I further acknowledge that Albers Family Counseling cannot guarantee that I will not become infected with COVID-19. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Albers Family Counseling staff, and other clients and their families.
4. I voluntarily seek to come in person to Albers Family Counseling and acknowledge that I am increasing my risk of exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment including, but not limited to, wearing a mask, maintaining social distancing of six feet or more, and washing my hands as needed.
5. I attest that to the best of my knowledge:
 - a. I am not experiencing any symptoms of illness such as fever, shortness of breath or difficulty breathing, dry cough, sore throat, nausea, vomiting or diarrhea, or recent loss of appetite.
 - b. I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
 - c. I have not been diagnosed with COVID-19.
 - d. I do not live or work in a group residential facility or any long-term care facility nor have I been in close contact with someone who does.
 - e. I have not traveled to an area where the infection has been present (whether domestically or internationally) in the last 14 days.
 - f. I am following all CDC and local public health authorities' recommended guidelines as much as possible and limiting my exposure to COVID-19.

I hereby release and agree to hold Albers Family Counseling 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 Albers Family Counseling, or that may otherwise arise in any way in connection with any services received from Albers Family Counseling. I understand that this release discharges Albers Family Counseling from any liability or claim that I, my heirs, or any personal representatives may have against Albers Family Counseling 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 Albers Family Counseling. This liability waiver and release extends to Albers Family Counseling together with all board members, employees, landlords and volunteers.

Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____