

COVID-19 SAFETY ACKNOWLEDGEMENT -- LIABILITY WAIVER AND RELEASE OF CLAIMS COVID-19 SAFETY INFORMATION:

COVID-19 is extremely contagious and is spread mainly from person-to-person contact, **Beliza Perdomo, LMFT** has put in place preventative measures to reduce the spread of COVID-19. However, **Beliza Perdomo, LMFT** cannot guarantee that clients or others in attendance during therapeutic sessions will not become infected with COVID-19. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in in-person psychotherapy. By attending in-person psychotherapy sessions you certify that you do not fall into any of the following categories: 1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others; 2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or 3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and will contact **Beliza Perdomo, LMFT** at belizalmft@mdofficemail.com if I experience symptoms of COVID-19 within 14 days after participating in in-person psychotherapy.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

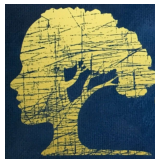
I acknowledge that I am willingly engaging in psychotherapy with **Beliza Perdomo, LMFT** and have been offered the option to participate via telehealth.

RELEASE AND WAIVER:

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST **Beliza Perdomo, LMFT** AND AFFILIATED PARTNERS INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS, EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION IN IN-PERSON PSYCHOTHERAPY.

ASSUMPTION OF THE RISK:

I acknowledge and understand the following: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; 2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the



Beliza Perdomo, M.A. Ed, M.A. LMFT
LICENSED MARRIAGE AND FAMILY THERAPIST
LMFT101761

negligence or fault of the Released Parties; and 3. I hereby knowingly assume the risk of injury, harm and loss associated with in-person psychotherapy, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

Due to the 2019-2021 outbreak of the novel Coronavirus, COVID-19, **Beliza Perdomo, LMFT** is taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices.

MEDICAL ACKNOWLEDGMENT AND RELEASE:

I acknowledge the possible health risks associated with in-person psychotherapy due to COVID19. I DO HEREBY RELEASE AND FOREVER DISCHARGE TO THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN IN-PERSON PSYCHOTHERAPY. BY ATTENDING IN-PERSON PSYCHOTHERAPY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO **Beliza Perdomo, LMFT** TO THE FULLEST EXTENT PERMITTED BY LAW.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____