

**COVID-19 Liability Waiver**

I, \_\_\_\_\_, acknowledge the contagious nature of the Coronavirus/COVID-19, and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that BEarden Behavioral Health, my provider, and/or support staff has put in place preventative measures to refute the spread of the Coronavirus/COVID-19.

I further acknowledge that Bearden Behavioral Health, my provider, and/or support staff can not guarantee that I will not become infected with the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bearden Behavioral Health staff.

I voluntarily seek services provided by Bearden Behavioral Health and my provider and/or support staff and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledged that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- 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 taste or smell.
- I have not traveled internationally within the past 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non contagious by state or local public health authorities.
- I am following all CDC recommenced guidelines as mush as possible and limiting my exposure to the Coronavirus/COVID-19.
- I am voluntarily disclose my any changed of the aforementioned attestations immediately to Bearden Behavioral staff and/or provider.

I herby release and agree to hold Bearden Behavioral Health, my provider, and/or office staff harmless from, and waive on behalf of myself, my child, 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, failure to act of the practice, or that my otherwise arise in any way in connection with any services related to Bearden Behavioral and my provider and/or office staff. I understand that this release discharges Bearden Behavioral Health, my provider, and/or support staff from the liability or claim that I, my heirs, or any personal representatives may have against the practice 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 Bearden Behavioral Health and my provider and/or support staff. This liability waiver and release extends to the practice together with all owners, partners, and employees.

Patients Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_