

NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

TREATMENT DURING THE COVID-19 PANDEMIC

Christian Counseling Associates wants to ensure you are aware of the additional risks of contracting COVID-19 associated with mental health care. 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 is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources.

The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Due to the frequency and timing of visits by other clients, the characteristics of the virus, and the characteristics of the counseling setting, there is an elevated risk of you contracting the virus simply by being in a counseling office due to the relative close proximity of the therapist and the client and to others.

Pursuant to statements from the Center for Disease Control (CDC) and the Texas Department of State Health Services, the use of a protective mask over your mouth is designed to aid in preventing infection during the treatment provided by your health care provider. The use of the protective mask inhibits the viewing of facial reactions which could impact the effectiveness of the therapeutic treatment.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the office or with mental health treatment. I further confirm I am seeking treatment for a condition in an increased setting noted above. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Signature

Date

Witness

Date