



Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), THERAPEUTIC INNOVATIONS , LLC and SHAUNA SAMARGIS is/are taking extra precautions with the care of our clients, including a review of recent health history and enhanced sanitation/disinfection procedures in accordance with (W.H.O. globally and CDC in US) guidance and local laws.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I _____ (Print Name) agree to the following:

1. I understand the above symptoms and affirm that I, as well as all my household members, do not currently have, and have not experienced any of the symptoms listed above **WITHIN THE LAST 14 DAYS.**
2. I affirm that I, as well as my household members, have not been diagnosed with **COVID-19 WITHIN THE LAST 30 DAYS.**
3. I affirm that I, as well as all my household members, have not knowingly been exposed to anyone diagnosed with **COVID-19 WITHIN THE LAST 30 DAYS.**
4. I affirm that I, as well as all my household members, have not traveled outside the country, or to any city within the United States that is considered to be a “hot spot” for **COVID-19 WITHIN THE LAST 30 DAYS.**

5. If, after the session, I come down with any of the symptoms listed above, I will contact the facility and practitioner immediately!

6. I understand that THERAPEUTIC INNOVATIONS, LLC and SHAUNA SAMARGIS cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the recent health history-provided by the client.

7. THERAPEUTIC INNOVATIONS, LLC and SHAUNA SAMARGIS is following the enhanced procedure to prevent the spread of COVID-19:

- Payment is preferred via electronic methods such as PayPal or Venmo.
- Additional time is scheduled between sessions to prevent contact with other clients and for sanitization between sessions.
- Your practitioner may choose to wear a mask while completing the oral intake.
- Clients are not required to wear a face mask during a therapy session .
- All surfaces will be sanitized before and after each client according to local law.

By signing below, I agree to each statement above and release THERAPEUTIC INNOVATIONS, LLC and SHAUNA SAMARGIS, from any liability for the unintentional exposure or harm due to COVID-19.

Signed _____ Date _____

Location (City, State) _____

Phone # _____ Email _____

Practitioner _____ Date _____

This document will be destroyed after 30 days (in accordance with Data Protection laws of some countries).