

## CLIENT WAIVER COVID-19

In order to return to the offices to see clients in-person, the team at Selah Healthcare, LLC has discussed and have agreed to the following protocols for clients to try and prevent the spread of the COVID 19 virus:

- 1) Wait in your car until I text or call you to come in. The waiting room will not have chairs to sit on.
- 2) Please have anyone accompanying you, who will not be in the session, wait for you in your/their car.
- 3) Wear a mask in our office common areas, i.e., waiting room and hallways. Please provide your own mask or face covering.
- 4) Use hand sanitizer or wash your hands in the bathroom as you come into the building.
- 5) If you are sick for any reason, including the common cold, etc., or have been exposed to someone with COVID 19 within the last 14 days, the session will need to be held via telehealth.
- 6) Your temperature will be taken when you enter the waiting room.
- 7) If you have a low-grade fever (100.4° F) or higher, you will not be seen in-person that day. The session will need to be held via telehealth. Sessions will then continue via telehealth and quarantine from Selah for 14 days will be required before returning to the office.
- 8) Regrettably, we request that you bring your own beverage. The coffee area will be covered and the water dispenser will not be in use.
- 9) Telehealth will be available through the end of 2020 and possibly beyond as an option.

Indemnity: I knowingly and freely choose to enter into treatments and release and hold harmless Dianne Gerard and Selah Healthcare Professionals, LLC, and its affiliates, partners, physicians, nurses, clinicians, support staff, and other members, formal or informal, of the team from all fault, coercion, negligence, liabilities, actions or inactions, which may cause harm whether minor or serious to me.

By my signature below, I certify that I have read, understand, and fully agree to each of the statements in this document and sign below freely and voluntarily.

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Printed Name of Patient

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Signature of Patient

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Date

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Signature of Witness/Provider

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Date