**Advance Counseling Services, LLC**

**COVID Release Form**

Though we will take every precaution to ensure that each client has a clean, sanitized, and safe environment in our counseling office, we simply cannot guarantee that a client will not come in contact with the virus. This could occur outside or within the office.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the above and understand that this may or may not be a possibility. Therefore, though every precaution will be taken by Advance Counseling Services, LLC, I understand that by attending sessions face-to-face, I assume the risk and responsibility by choosing face-to-face, rather than Telehealth, and, therefore, release and will not hold legally responsible Advance Counseling Services, LLC, or Earl E. Hocquard, MA LLP, if I happen to contact the virus. This I sign with this understanding and agreement.

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

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

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