



COVID-19 Liability Waiver

I attest that:

- If I am not vaccinated, I have discussed this with my clinician in advance of scheduling an in-person appointment.
- 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 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 recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- If I am not vaccinated, I attest that I have not traveled internationally within the last 14 days.
- If I am not vaccinated, I attest that I have not traveled to a highly impacted area within the United States of America in the last 14 days.

I acknowledge the following:

- The contagious nature of the Coronavirus/COVID-19.
- Newton-Wellesley Psychiatry has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- Newton-Wellesley Psychiatry cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, clinicians, and other patients and their families.
- I voluntarily seek services provided by Newton-Wellesley Psychiatry and understand that I am increasing my risk to exposure to the Coronavirus/COVID-19. I will comply with all set procedures to reduce the spread while attending my appointment.

I hereby release and agree to hold Newton-Wellesley Psychiatry harmless from, and waive on behalf of myself 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, or failure to act of the behavioral health practice, or that may otherwise arise in any way in connection with any services



received from Newton-Wellesley Psychiatry. I understand that this release discharges Newton-Wellesley Psychiatry from any 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 Newton-Wellesley Psychiatry. This liability waiver and release extends to the behavioral health practice together with all clinicians and other employees.

Patient Signature

Date

Patient Printed Name