Tucson Outpatient Psychiatry

COVID-19 LIABILITY WAIVER

Tucson Outpatient Psychiatry has placed preventative measures to reduce the spread of COVID-19 but cannot guarantee that I or my child(ren) will not become infected with COVID-19 or its variants.

- I acknowledge the contagious nature of COVID-19 or its variants and that the CDC and many other public health authorities still recommend practicing social distancing.

- I further acknowledge that Tucson Outpatient Psychiatry has put in place preventative measures to reduce the spread of COVID-19 or its variants.

- I further acknowledge that Tucson Outpatient Psychiatry PLLC cannot guarantee that I will not become infected with Covid-19 or its variants. I understand that the risk of becoming exposed to and/or infected by COVID-19 or its variants may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, other patients, and their families.

- I voluntarily seek services provided by Tucson Outpatient Psychiatry PLLC and acknowledge that I am increasing my risk to exposure to COVID-19 or its variants. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

- I attest that:

1. 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.

2. I have not traveled internationally within the last 14 days.

3. I have not traveled to a highly impacted area within the United States of America in the last 14 days.

4. I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19 or its variants.

5. I have not been diagnosed with COVID-19 or its variants and not yet cleared as non-contagious by state or local public health authorities.

6. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the COVID-19 or its variants. This includes being vaccinated for COVID-19.

Tucson Outpatient Psychiatry

PROFESSIONAL NATURE OF RELATIONSHIP

The therapeutic relationship is professional and governed by ethical standards.

TELEHEALTH CONSENT

Telehealth consent is hereby given in the event that telehealth services are rendered.

ACKNOWLEDGMENT AND CONSENT

I acknowledge that I have received, read, and understand this informed consent document. I voluntarily consent to treatment under the terms described above.

I hereby release and agree to hold Tucson Outpatient Psychiatry PLLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives 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 clinic, or that may otherwise arise in any way in connection with any services received from Tucson Outpatient Psychiatry. I understand that this release discharges Tucson Outpatient Psychiatry from any liability or claim that I, my heirs, or any personal representatives may have against the clinic 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 Tucson Outpatient Psychiatry PLLC. This liability waiver and release extends to the clinic together with all owners, contractors, and employees.

Patient's Printed Name : _____

Patient's Signature and Date:_____

Parent/POA/Guardian's Printed Name:_____

Parent/POA/Guardian's Signature and Date:_____

Licensee

Name (Printed): _____

Signature: _____

Date: _____