

Cori A. Newlander, M.A., MFT

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COVID-19 DISCLOSURE

I acknowledge the contagious nature of the Coronavirus/COVID-19. I acknowledge that Cori Newlander, LMFT has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, including social distancing requirements and cleaning of premises. I further acknowledge that Cori Newlander, LMFT 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, office staff, other clients, and their families.

I voluntarily seek services provided by Cori Newlander, LMFT and acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- 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 have not traveled internationally within the last 14 days.
- I have not traveled to an area highly impacted with Coronavirus/Covid-19 within the United States of America in the last 14 days.
- 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.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby waive, release, and agree to hold Cori Newlander, LMFT harmless, 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 Cori Newlander, LMFT, or that may otherwise arise in any way in connection with any services received from Cori Newlander, LMFT. I understand that this waiver discharges Cori Newlander, LMFT from any liability or claim that I, my heirs, or any personal representatives may have against Cori Newlander, LMFT 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 Cori Newlander, LMFT. This waiver extends to Cori Newlander, LMFT and all other therapists, office staff, and employees.

Name

Signature

Date