

AGREEMENT REGARDING INFECTIOUS DISEASES

The Pinnacle Center for Mental Health and Human Relations, LLC.

I agree to consult with my personal physician to determine whether I should be vaccinated against any infectious disease.

I agree that when I am at the Pinnacle Center offices, I will follow any public health orders and preventive guidelines regarding the spread of infectious diseases. This may include but is not limited to wearing masks, maintaining physical distance, avoiding physical contact through handshakes and hugging, frequent use of sanitizing agents, etc.

I agree to cancel my appointment or use only teletherapy if I am experiencing symptoms of an infectious disease, or if an immediate member of my household has been recently infected, or if a person with whom I work and have close contact has been recently infected.

I agree to leave the Pinnacle Center offices immediately upon request if I arrive while being symptomatic, or if it is determined that I have been recently exposed to an infectious disease.

I agree to abide by any preventive measures that the Pinnacle Center may have put in place to reduce the spread of infectious diseases.

I agree that the Pinnacle Center cannot guarantee I will be free from infectious diseases while present at their offices. Furthermore, I recognize that the risk of becoming exposed to and/or infected by such disease may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Pinnacle Center staff, and other clients and families present at their offices. Based on this, I voluntarily choose to be in-person at the Pinnacle Center offices, and I understand that doing so increases my risk of exposure to infectious diseases.

I hereby release and agree to hold the Pinnacle Center 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 Pinnacle Center, or that may otherwise arise in any way in connection with my presence at the Pinnacle Center that leads to being infected with a contagious disease. I understand that this release discharges the Pinnacle Center 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 time I am located at the Pinnacle Center offices and am infected with an infectious disease. This liability waiver and release extends to the Pinnacle Center together with all its owners, providers, and employees.