



Patient Notice and Acknowledgement

I acknowledge that the state of California is experiencing a viral outbreak of COVID-19 and that there is a city and state-wide ordinance to self-quarantine until May 1, 2020.

I understand the risks involved in exposing myself to public area, and I have elected to attend face to face therapy sessions at my outpatient therapy clinic Neurozone Inc.

I have been provided with copies of the practice's/facility's policies and procedures with respect to COVID-19. I have been given options about rescheduling elective appointments as well as telemedicine options. These options have been provided to me in the event that I have travelled abroad, because I am experiencing signs or symptoms consistent with the Corona virus or was subject to a known exposure event.

Currently, I elect to participate in face to face therapy sessions.

Patient Name

Date

(Print Name)

Patient Signature