**Client Informed Consent Regarding COVID-19**

1.       I have read and understand the COVID-19 Information from New York Speech & Voice Lab PLLC and I have gotten all of my questions answered to my satisfaction.

2.       I understand that special health and safety precautions are being taken at 150 Broadway, Suite 1708, New York, NY, 10038 by New York Speech & Voice Lab PLLC to protect my health and the health of others according to government health and safety regulations and guidelines regarding COVID-19.

3.       I understand that by coming to the office of New York Speech & Voice Lab PLLC I am assuming there to still be some risk of exposure to COVID-19. I also understand my level of risk based on my age and any underlying medical conditions.

4.       I agree to adhere to the protocol as outlined in the COVID-19 Information from New York Speech & Voice Lab PLLC to the best of my ability, including monitoring for COVID-19 symptoms, consenting to health screenings, following office rules, and following governmental guidelines for quarantine, isolation, and best hygiene practices to minimize my overall exposure to COVID-19.

5.       I understand that I have the right to move to online sessions at any time and may be asked to do so pending my adherence to the protocol and passing a screening, and pending the evolution of COVID-19 and resulting changes in government health and safety regulations and guidelines.

 Legal name of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of client: ELECTRONICALLY SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of client's parent or guardian if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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