

**CHRISTIAN COUNSELING CONNECTION, LLC**  
**FACILITY NOTICE**

**\*\*\*\* ATTENTION: COVID-19 SAFETY PROTOCOLS IN EFFECT \*\*\*\***

Christian Counseling Connection, LLC (“CCC”) has implemented all known guidelines and procedures in order to be in compliance with all COVID-19 protocols as recommended/required by all local, state and federal regulations including the consistent sanitization of our facilities, proper social distancing requirements, square footage limitations on services and use of face masks when requested. If you enter this facility, you are required to comply with all of our rules and regulations during this time. In order to enter this facility, you represent and attest to the following:

- (a) I do not have a fever or suffer from any flu-like symptoms nor have I suffered from a fever or any such symptoms over the past 14 days.
- (b) I have not traveled out of the United States during the past 14 days or been exposed to anyone who has traveled outside of the United States during the past 14 days.
- (c) To the best of my knowledge, in the past 14 days, I have not been in contact with anyone with flu-like symptoms, fever, or who has been diagnosed with the COVID-19 virus.
- (d) I agree to follow all procedures published by CCC while in the facilities, including proper social distancing, utilization of hand sanitizers and limiting any physical contact with any other person during my visit.
- (e) I understand and agree that I am not allowed to bring any guests or children who do not have counseling appointments into the CCC facilities during this restricted period.
- (f) I acknowledge that although CCC has implemented all of the policies set forth above, CCC cannot guarantee that I may not come in contact with a person who unknowingly has any virus or become infected and then entered CCC facilities.
- (g) If I begin to experience any symptoms related to the COVID-19 virus, including respiratory problems, fever, persistent cough or other symptoms associated with the virus, I will immediately notify my counselor and/or CCC of the onset of any such symptoms so that remedial measures may be taken by CCC in order to prevent the potential exposure to any other third party.
- (h) I understand that I have the option to request a telehealth virtual counseling session instead of attending an in-person counseling session.