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CONSENT FOR IN-PERSON SERVICES DURING COVID-19

This document contains important information about the decision to resume in-person therapy sessions in light of the COVID-19 public health crisis. Please read this carefully prior to signing, and let me know if you have any questions.

Decision to Meet Face-to-Face
By signing this document, you are verifying that you are choosing to meet in person for some or all of your counseling sessions. Please note that if there is a resurgence of the pandemic or if other health concerns arise, I may require that we return to meeting via telehealth.

If you decide at any time that you would prefer to stay with, or return to, telehealth services, I will be happy to honor that decision, as long as it is feasible and clinically appropriate. (Please note that if you are using insurance, you will want to check with your insurance company to make sure they are still covering services delivered via telehealth.)

Risks of Opting for In-Person Services
You understand that by coming to the office, you are assuming some risk of exposure to the coronavirus. This risk may be higher if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure
To obtain services in person, you agree to take the following precautions, which will help keep everyone (you, me, our families, and other clients and community members) safer from exposure and potential illness. If you do not adhere to these safeguards, it may result in our returning to a telehealth arrangement.

- For in-person sessions, you must be FULLY VACCINATED against the Coronavirus.

_____ _____
Signature (Date of final vaccine dose)

- You will only keep your in-person appointment if you are free of symptoms of illness.
- Should you have any symptoms of illness, we can switch to telehealth, or you can cancel your appointment (there will be no penalty for cancellations for this reason).
- You will wait in your car or outside the building until 5 minutes prior to our meeting time.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room.
- We will keep a distance of 6 feet and there will be no physical contact.
- If you are directly exposed to COVID at home or work, you will immediately let me know and we will then resume treatment via telehealth until quarantine period is complete.

Note that I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure
My practice has taken steps to reduce the risk of spreading the coronavirus within the office; these procedures are posted in the waiting room. Please let me know if you have any questions.

If You or I Are Sick
You understand that I am committed to protecting you, me, and others from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If I (or any of my other clients) test positive for COVID, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection
If you have tested positive for COVID, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection, and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

Informed Consent
This agreement supplements the general informed consent/treatment agreement that we established at the start of our work together.

Your signature below shows that you understand and agree to these terms and conditions.

_____	_____
Client	Date
_____	_____
Therapist	Date