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## **CONSENT FOR IN-PERSON SERVICES**

*This document contains important information about the decision to participate in in-person therapy sessions as we learn to manage COVID-19. Please read 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 COVID or another public health concern, we may need to return to meeting via telehealth.

If you decide at any time that you would prefer telehealth services, I will be happy to honor that decision, as long as it is feasible and clinically appropriate. (If you are using insurance, it is always wise to verify with your carrier that telehealth services are still being covered.)

### **Risks of Opting for In-Person Services**

You understand that by coming to the office in person, you are assuming some risk of exposure to COVID and/or other illnesses. This risk may be higher if you travel by public transportation, cab, or ridesharing service.

### **Masking in the Office**

As of 4/4/23, OHA no longer requires that we mask in therapy offices. However, if you would prefer that we wear masks during your session, just let me know and I will be happy to do so.

### **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 potential illness.

- You will only keep your in-person appointment if you are free of symptoms of illness.
- Should you have symptoms of illness, we can switch to telehealth, or you can cancel your appointment (there will be no penalty for cancellations for this reason).
- If you are directly exposed to COVID, you will let me know right away; we will discuss the situation and decide together how best to proceed.

Note that I may need to change these expectations based on ongoing changes to local, state or federal directives.

### **My Commitment to Minimize Exposure**

I will follow the same responsibilities outlined for clients above. In addition, I will keep and run a high-grade air filter in my office, and will continue to receive all recommended COVID booster vaccines as they become available. Please let me know if you have any questions about these practices.

### **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