

Informed consent for in-person therapy sessions during COVID-19 Public Health Crisis

This document contains important information about our decision (yours and mine) to resume in-person therapy sessions in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to meet Face-to-Face

In order to protect us, I am willing to see clients who are fully vaccinated. Before our meeting, I will need you to email me proof of your vaccination. Being fully vaccinated means 2 weeks after your last COVID vaccination.

Risks of Opting for in-person therapy

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your responsibility to minimize your exposure

Initial each to indicate that you understand and agree to these actions:

- 1) You will only keep your in-person appointment if you are symptom free. _____
- 2) You will wait in your car or outside and text me right before your session. Once I let you know I am ready for our session, you proceed to enter the building. _____
- 3) You will wash your hands or use alcohol-based hand sanitizer right before our session. _____

4) We will be sitting 6 feet away from each other in the room. _____

5) If you have a job that exposes you to other people who are infected, you will immediately let me know. _____

6) If a resident of your home tests positive for the infection, you will immediately let me know. _____

Informed Consent

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

Patient/client

Date

Psychotherapist

Date