

Waiver for In-Person Treatment During COVID-19

To begin or resume in-person session, you agree to take necessary precautions to protect yourself, me, my staff, and our families from exposure to COVID-19. If you do not adhere to these precautionary requirements, I reserve the right to terminate in-person sessions. Telehealth may remain as an alternative to any in-person sessions. Initial each provision to indicate that you understand and agree to each required safeguard:

- You agree to wash your hands with soap or an alcohol-based sanitizer before entering and leaving the building.
- You agree to take your temperature before each in-person session. If your temperature is higher than 100 degrees Fahrenheit or if you have any other symptoms, you agree to immediately notify me or my office and agree to cancel the in-person appointment. You will not be charged a cancellation fee. Telehealth will remain as an alternative option for therapy.
- You agree to adhere to any safe distance measuring policy in the building, waiting room, and in my office.
- You agree to maintain a safe distance of six feet from myself and from all staff.
- You agree to avoid all physical contact e.g. handshakes.
- You agree to not bring in any unannounced visitor before the session.
- You agree to take precautionary steps to minimize your exposure to COVID-19 before and between appointments.
- You agree to notify me if you or a member of your household was reasonably exposed to COVID-19.
- You agree to notify me if you or a member of your household works in an environment that is frequently exposed to COVID-19.
- You agree to notify me if you or a member of your household has tested positive for COVID-19.

I reserve the right to amend, add, or abrogate any of the foregoing precautions according to any published federal, state, or local health guidelines. I will notify you of any changes to the agreement.

In certain circumstance, I may be required to notify federal, state, or local health authorities that you have been in the office. This may occur if you have tested positive for COVID-19. If I am required to report this, I will only report the minimum information necessary to perform their health duties.

Your signature below indicates that you have read this Waiver for In-Person Treatment During COVID-19 and agree to abide by its terms during our professional relationship.

Signature of client

Printed name of client

Signature of client/parent/guardian/conservator

Relationship to the client

Date

Signature of Therapist