

COVID-19 Policy

You are consenting to meet in-person for psychotherapy sessions. By agreeing and coming into the office, you assume the risk for exposure to COVID-19 or other public health risk. You should consult with your physician on public and personal health risk.

You are under no obligation to attend in-person therapy sessions and may choose to return to telehealth sessions at any time. Your psychotherapist reserves the right to terminate any in-person sessions if it becomes unsafe during a COVID-19 or other public health outbreak.

- You agree to notify me if you or a member of your household has been exposed to, tests positive or is infected by COVID-19.
- You will notify me and my practice if you work in an environment that exposes you to individuals who may be infected to COVID-19.
- In order to keep you, my staff, and myself safe from the transmission of COVID-19, I reserve the right to cancel our appointment and require you to leave the office immediately if you or another person in the office has a fever or any other symptoms. If I or a member of my staff are sick, I will notify you so you may take necessary precautions.
- You agree to take necessary precautions to protect yourself, your therapist, our staff, and our families from exposure to COVID-19. If you do not adhere to these precautionary requirements, your therapist reserves the right to terminate in-person sessions. Telehealth may remain as an alternative to any in-person sessions.
- You agree to wash your hands with soap or an alcohol-based sanitizer before entering and leaving the building.
- If you have a temperature 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.
- I reserve the right to amend or add to any of the foregoing precautions according to any published federal, state, or local health guidelines, such as wearing protective masks and gloves, or safe distance measuring policies. I will notify you of any changes to the agreement.
- If I am required to notify federal, state, or local health authorities that you have tested positive for COVID-19 and been in the office, I will only report the minimum information necessary to perform my health duties.

By signing below, I agree that I have read, understood and agree to the items contained in this document.

Signature

Date