

INFORMED CONSENT FOR IN-PERSON THERAPY

You have elected to seek in-person treatment after having been given the option of telehealth therapy, if I determined that was appropriate for you. In order to proceed with that type of therapy, and to protect you as well as everyone in the practice, you agree to the following:

1. To wear a mask as all times;
2. To not shake hands or make physical contact with anyone you encounter in the office;
3. To take your temperature before you leave home and only attend treatment if there is no sign of a fever (generally 100 degree Fahrenheit or above), at which point only telehealth will be available for therapy, if determined appropriate;
4. To advise us if you have been around anyone who has tested positive for the corona virus in the past 14 days, in which case only telehealth will be available for therapy, if determine appropriate;
5. To maintain safe distancing (at least 6 feet) from anyone while in our office.

I understand and agree to abide by the above terms and conditions.

Client Signature (may be signed electronically via email)

Date