

Informed Consent for Return to In-Person Therapy

This document contains information about the option to resume in-person care in the context of the COVID-19 public health crisis. Please review and let me know if you have any questions. If all looks agreeable, please initial, sign and return to me no later than our initial in-person contact.

Can I just say/blurt: It is such a joy to offer this as I have really missed sharing space with you!

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic however, I may require that we return to a video format. Of course, if you decide at any time that you would feel safer returning to the video option, I will respect and support that choice. There is no precedent for this kind of communication in my decades of practice. I seek to set a tone here that is welcoming and takes the situation seriously yet is not dense/unfriendly with detail. Most of all, I want you to feel free to speak with me about any thoughts or concerns you may have relative to the option of in-person care.

There is some inherent risk of exposure to the coronavirus associated with meeting in person. My suite mates and I have agreed that we are currently only able to offer in-person care to clients who have opted for full vaccination and we are all three vaccinated. I am providing two HEPA filtration systems: one in my office and one in the hallway/waiting area. These units clean air completely every 30 minutes via medical-grade filters. Our preference is that clients are unmasked in session and masked while outside the therapy room/in common areas.

In offering the option of in-person services, I commit to:

Providing documentation of full vaccination if requested

Notifying you if I am ill, have been exposed to someone who has tested positive for coronavirus, or if I test positive for the virus despite full vaccination.

In turn I ask that you initial below to confirm vaccination, and agree to notify me if you are ill, have been exposed to coronavirus, or become infected by the virus.

Most of you have indicated that you like the idea of meeting in person sometimes, with the option/convenience of meeting via Zoom at other times. This flexibility suits me though it will be greatly appreciated if you can let me know in advance of a session how we are meeting that week.

Please note that my new office location is 1012 Marquez Place 203A. The office is at the front of the complex, well-marked with a white and black sign.

_____ Please initial here to confirm that you are fully vaccinated

Your signature below reflects that you agree to the above conditions.

Client

Date