

## **In-Person Services Agreement (Health Precautions)**

Teletherapy will continue to be a valued option for all clients including those with active cold/flu symptoms, positive COVID tests, close COVID exposures, other health concerns or illness, based on scheduling and office availability, for convenience, due to residence in or traveling to other areas of Colorado, on extreme weather days, or for any other reason.

For the sake of protecting others, if you have active cold/flu symptoms, positive COVID tests and/or recent close COVID exposures, please notify me ASAP (the day before an in person session if not earlier) to either switch to teletherapy or discuss your specific situation for options. If you are too ill to meet even with teletherapy, please just notify me as in advance as you can, to cancel or reschedule. (See Cancellation Policy in Disclosure Statement.)

You may decide at any time to schedule future sessions as teletherapy, so long as I agree it is feasible and clinically appropriate. Please know this may result in altering which days or times we meet due to limited in person office availability.

The following steps are taken to reduce the risk of spreading the coronavirus and other contagious illnesses within the office:

- Seating in the therapy room has been arranged for appropriate physical distancing, and I maintain safe distancing and avoid physical contact.
- Hand sanitizer is available in the therapy suite. Restrooms with soap are available throughout the building for handwashing.
- To minimize waiting room interactions, I schedule appointments at specific intervals with extra time between clients and ask all clients to **not enter the office suite until no earlier than five (5) minutes before appointment times**.
- Masks are not required. If you prefer wearing a mask, please do so.

I may change any of the above precautions or expectations based on additional local, state or federal orders or guidelines. I will notify you of any changes as appropriate.

I understand the information above and have had an opportunity to ask questions. By either typing or electronically drawing my signature, I am stating that this signature is to be taken as an in-person signature.

Client Name (Printed)	
Client Signature	DATE