

Consent to Elect Face to Face Counseling Session During the COVID-19 Pandemic

Renewing For Life Counseling, PLLC
Wendy L.K. Barnes, LPC
18838 Stone Oak Pkwy Ste. 103
San Antonio, TX 78258

I, (print name) _____, elect to meet face to face for counseling. I have declined the option to meet for counseling via an encrypted audio-visual online meeting and elect instead to meet face to face.

Please sign your initials in each box below, acknowledging your agreement to each.

1. _____ I agree to not present for face to face counseling if I have had a fever greater than 100.0F, sore throat, cough, or tightness or pain in my chest/lungs (knowns not to be related to anxiety) during the previous 72 hours.
2. _____ I agree to not present for face to face counseling if I have had any known exposure to anyone diagnosed with COVID-19, or having had any of the aforementioned symptoms within the last 14 days.
3. _____ Once parked outside the building, I agree to text Wendy L.K. Barnes, LPC of my arrival and wait until called and answering health questions before I will be invited to enter the office building.
4. _____ I acknowledge the suggestion to wear a face mask into the building and counseling office until permitted by to remove it. Sessions will be conducted without the wearing of face masks as it is agreed they interfere with communication and the counseling process.
5. _____ I agree to maintain social distancing with anyone I encounter en route to and from my appointment as well as my counselor.
6. _____ If the need arises, I agree to cough or sneeze into my elbow to prevent the spread of airborne germs.
7. _____ I acknowledge the use of the water tower will be suspended during the COVID-19 pandemic and that I may bring my own water bottle/container with me if desired.
8. _____ I acknowledge that only individuals receiving counseling will be permitted into the building; guests or escorts are not permitted to wait in the building or lobby.
9. _____ I agree to pay the session fee with check, cash, or via emailed invoice.
10. _____ I agree to follow all above procedures put in place by Renewing for Life Counseling to aid in minimizing the potential spread of COVID-19. I acknowledge such procedures may change at any time and I may be given little notice. I further acknowledge the option for meeting face to face may again be terminated by Renewing for Life Counseling or Wendy L.K. Barnes, LPC at any time at which time I may again elect to participate in telehealth.
11. _____ I agree to not hold Renewing for Life Counseling, PLLC, or Wendy L.K. Barnes, LPC responsible for any exposure to COVID-19.

Signature

Date