

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 (known not to be related to anxiety) during the previous 7 days unless I have been medically evaluated and received a negative COVID test.
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 7 days.
3. \_\_\_\_\_ I agree to maintain social distancing with anyone I encounter en route to and from my appointment as well as my counselor.
4. \_\_\_\_\_ If the need arises, I agree to cough or sneeze into my elbow to prevent the spread of airborne germs.
5. \_\_\_\_\_ 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.
6. \_\_\_\_\_ 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.
7. \_\_\_\_\_ I agree to not hold Renewing for Life Counseling, PLLC, or Wendy L.K. Barnes, LPC responsible for any exposure to COVID-19.

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Signature

Date