

Lisa Alber, LICSW

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In-Person Informed Consent during COVID-19 or for any contagious diseases

Decision to Meet In Person

We have agreed to meet in person. Please understand that if either of us has been exposed to or contracted any illness which impacts our ability to have sessions in person, we will develop a reasonable plan to reschedule or meet using tele-health resources that achieve the confidentiality requirements, or we will suspend sessions until we can meet in person.

Practice Steps to Reduce Exposure

The CDC has recommended that people unvaccinated for COVID-19 wear masks in common areas of the building, hallway, bathroom, etc. An alcohol-based hand sanitizer and masks will be available when in the office. .

Commitment to Minimize Your Exposure

To obtain services in person, you agree to take reasonable safety precautions to reduce exposure from any contagious illness. If you do not adhere to these safeguards, it may result in immediate changes in our meeting arrangement.

Please **initial below** to indicate that you understand and agree to these actions:

- I agree to only come to an appointment when I am symptom free and have been symptom free for a period of 5 days or I have received a negative COVID-19 test (Symptoms include recent onset of one or more of the following: loss of smell or taste, diarrhea, vomiting, coughing, shortness of breath, difficulty breathing, fever, chills or any newly discovered health symptom associated with any contagious virus.) _____
- If I have been exposed to or shared a workspace or living arrangement with a person infected by COVID-19, I will immediately disclose the information in advance of our appointment time by phone or text and we will work together to set up a new meeting time or possible alternative means of communication. _____
- I understand that if I appear to be physically ill during an in-person appointment, I may be required to leave immediately and understand I will be contacted to reschedule our appointment, possibly temporarily involving another form of communication. _____

Risks of Opting for In-Person Services

Please understand that by coming to the office, and/or meeting for such services in any other venue, you are assuming the risk of exposure to the coronavirus (or any other public health risk).

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions

Print Name

Signature

Date

Therapist Signature

Date