



RISK ACKNOWLEDGEMENT FORM FOR IN-PERSON SERVICES

I acknowledge that by consenting to receive in-person services during the COVID-19 pandemic, there are risks associated with such in-person care.

By signing this form, Client understands and agrees:

- 1) Therapist may require we meet via telehealth if either Therapist or Client experiences symptoms consistent with COVID-19 or it is in Therapist's professional judgment services provided via telehealth are necessary and clinically appropriate. By receiving in-person services with Therapist, Client assumes the risk of exposure to COVID-19. It is recommended that clients consult with their physician before attending in-person services.
- 2) Client agrees that as a condition of receiving in-person services, they will take appropriate measures to minimize the possibility of exposing their Therapist and Therapist's office location to COVID-19.
 - Client will only keep an in-person appointment if they are free of any symptoms commonly associated with COVID-19.
 - Client will either cancel their in-person appointment or request an appointment via telehealth if they have been in contact with someone who has tested positive for COVID-19 within the last 14 days.
 - Client will wear a face mask in all areas of Therapist's office.
 - Client will wash their hands and/or use hand sanitizer prior to entering Therapist's office.
 - There are certain circumstances under which Therapists may be required to notify health authorities that the client has been in the office. This typically would only occur if someone who had been seen in the Therapist's office were to test positive for COVID-19. If this situation arises, and in accordance with applicable privacy laws, Therapists will provide only the minimum information necessary for the health authorities to perform their duties.

Therapists may change the above precautions if there is a resurgence of COVID-19 or if any changes to applicable guidelines change. Any changes will be discussed with Client soon as practicable.

- 3) Therapists have taken steps to reduce the chance of spreading COVID-19. Nevertheless, the risk of contracting COVID-19 still exists.

Client agrees they have read the above and discussed any questions or concerns with their Therapist. Client's signature below shows agreement with the above terms and conditions.

Client

Date