

INFORMED CONSENT FOR IN-PERSON SERVICES

This document contains important information about in-person counseling. Please read it carefully and let me know if you have any questions.

Decision to meet Face to Face

We agree to meet in-person, at times, as part of treatment. If any health concerns arise, I may require that we meet through videoconferencing. It is my view that in-person and video conferencing are both effective means to improve therapy outcomes. Individual preference and appropriateness of treatment delivery is determined on a case-by-case basis. I ask that if you are ill, or if anyone in your household is ill, you make it known to me. In those cases, we will have our appointment through videoconferencing. Symptoms of illness include but are not limited to fever, headache, cough, runny nose, congestion, fatigue, loss of smell, difficulty breathing, rash, vomiting, nausea, and sore throat. If I have any of those symptoms or if someone in my household has those symptoms, our session will also be through video conferencing.

There is no guarantee that scheduled sessions will be in-person. I am licensed in several states and will be working remotely at times.

Waiting room

There is no waiting room. I ask that you come to the office at the time of your appointment. You may wait in your car, on the bench outside or any other location until it is time for your appointment. There are dining and shopping locations in the complex.

Failure to comply with this agreement will result in your termination as a client. I will provide you with a referral for further treatment, but I cannot guarantee that person will accept you as a client. **If you have any questions, please contact me over the phone prior to signing the agreement.**

Name

Date

