



In Person Visit Agreement due to COVID-19 Pandemic

By signing this document, I am agreeing to the following:

- I will show proof of COVID-19 vaccine and be atleast two weeks after my single dose or double dose vaccine administration if I choose to not wear a mask during my session
- If I choose not to show proof of vaccination, I will wear a mask alongside the therapist which covers my nose and mouth completely
- I will opt for a virtual visit or cancel my appointment if I am experiencing symptoms of illness, regardless of vaccination status (please provide as much advance notice as possible)
- I will ask my provider to show proof of vaccine if this would improve my comfortability of in-person sessions
- I recognize that by engaging in public spaces, including while in a therapy session, I am exposing myself to potential illness including but not limited to the COVID-19 virus

The therapist is able to deny services to anyone who is not willing to comply with the above safety protocols for therapy sessions.

Client/ Guardian Signature

Print Name

Date

Therapist Signature

Print Name

Date