

COVID-19 Face-to-Face Therapy Agreement Addendum

Due to the potential changes in guidance and operations related to the COVID-19 pandemic, clients seeking face-to-face services at the Family Therapy Center (FTC) are asked to adhere to the following guidelines:

- The client hereby consents to meet for in-person therapy sessions at the FTC during the COVID-19 pandemic. By agreeing and coming into the FTC, the client assumes the risk for exposure to COVID-19 or other public health risks. The client should consult with their physician on public and personal health risk, in deciding whether to attend in-person therapy sessions at the FTC.
- The client is under no obligation to attend in-person therapy sessions at the FTC and may choose to return to telehealth sessions at any time. FTC administrators and therapists reserve the right to switch from in-person to telehealth sessions if it becomes unsafe during the COVID-19 pandemic. Clients will be notified of these decisions with as much notice as possible.
- The client agrees to wear a mask at all times when inside the FTC.
- The client agrees to wash their hands with soap or use an alcohol-based hand sanitizer prior to entering the building.
- The client agrees to notify their therapist if the client has been exposed to or infected with COVID-19 or if the client has a close contact with a person with COVID-19. A close contact includes exposure to a person known to have COVID-19 and either you or the other person were not wearing a mask. If you are contacted by a contact tracer, please also notify the FTC.
- The client will notify their therapist if they work in an environment that exposes them to individuals who may be infected with COVID-19.
- In order to keep clients, FTC therapists, and staff safe from the transmission of COVID-19, clients should reschedule sessions if they are experiencing any COVID-19 symptoms. If FTC therapists or staff are sick, therapists will notify clients so clients may take necessary precautions.

Initial each provision to indicate that 1) you understand the provision and 2) agree to adhere to the required safeguard:

_____ You agree to wash your hands with soap or an alcohol-based sanitizer before entering and leaving the building.

_____ You agree to take your temperature before each in-person session. If your temperature is higher than 100 degrees Fahrenheit or if you have any other COVID- 19 symptoms, you agree to immediately notify your FTC therapist and agree to cancel/reschedule the in-person appointment. You will not be charged a cancellation/rescheduling fee. Telehealth will remain as an alternative option for therapy until you are symptom-free.

_____ You agree to adhere to any safe physical distance measures in the building, the FTC waiting room, and in the therapy office.

_____ You agree to properly wear a mask at all times in the FTC building. Failure to wear a mask, or wear one properly, could result in termination of in-person therapy sessions.

_____ You agree to avoid all physical contact (e.g., handshakes).

_____ You agree to not bring in any unannounced visitors into the therapy session.

_____ You agree to notify your FTC therapist if you or a member of your household had a close contact COVID-19.

_____ You agree to notify your FTC therapist if you or a member of your household works in an environment that results in frequent exposure to COVID-19.

_____ You agree to notify your FTC therapist if you or a member of your household has tested positive for COVID-19.

- FTC administrators reserve the right to amend, add, or abrogate any of the foregoing safeguards and provisions according to any published federal, state, or local health guidelines, and university guidelines. Your FTC therapist will notify you of any changes to this agreement.
- In certain circumstances, your FTC therapist may be required to notify federal, state, or local health authorities that you have been in the office. This may occur if you have tested positive for COVID-19. If your FTC therapist is required to report this, the therapist will only report the minimum information necessary to perform their health duties.

Client Signature (18 and older)/Date

Client Printed Name

Legal Guardian Signature/Date
(For any minor client; Mark "NA" if no minors)

Legal Guardian Printed Name
(For any minor client; Mark "NA" if no minors)

Printed name of EACH minor client; Mark "NA" if no minors

FTC Staff/Therapist Signature/Date

FTC Staff/Therapist Printed Name

Version 1; 9/28/2021