



## **COVID-19 PRECAUTIONS ACKNOWLEDGMENT FORM**

### **I. IN-PERSON SESSIONS**

By attending sessions in-person, as the client, you knowingly assume the potential risk of exposure to COVID-19, its variants, or other public health risk. You also acknowledge that you are attending sessions based on your own sole, voluntary, and unbiased discretion. You understand that Janette S. Cordero, LCSW-S, with ALMA Therapy PLLC, shall not be liable for any claim or potential claim for illness suffered or contracted by in-person sessions.

If there is a resurgence of the pandemic, or if other health concerns arise, sessions will likely resume via telehealth. If COVID-19 safety standards deem it necessary, sessions will return to telehealth. As the client, if you decide at any time that you would feel safer returning to telehealth services, I will make reasonable efforts to accommodate this request, as long as it is clinically appropriate.

### **II. INSURANCE COVERAGE**

Payment reimbursements for telehealth services are determined by the insurance companies. It is the responsibility of the client to contact their insurance provider and address this matter. Should insurance not cover telehealth sessions, the client will be responsible for the full \$130 fee for each 50-minute session.

### **III. CLIENT'S RESPONSIBILITY TO MINIMIZE EXPOSURE**

To obtain services in-person, the client agrees to take precautions to help prevent the risk of exposure/sickness. If you do not or cannot adhere to these safeguards, it will result in a telehealth arrangement.

Initial below to indicate that you will adhere to the following statements:

- \_\_\_\_\_ I understand that therapeutic services for unvaccinated clients are available exclusively through telehealth.
- \_\_\_\_\_ I will only keep an in-person appointment if I am symptom-free.
- \_\_\_\_\_ I will have my temperature taken prior to the start of each session. If my temperature is elevated above 99.99 Fahrenheit, or if I am symptomatic of COVID-19, I agree to leave the office immediately and cancel the appointment or proceed via telehealth. If I cancel for this reason, I will not be charged the cancellation fee of \$130.
- \_\_\_\_\_ I will wait in my vehicle or outside of the office until no earlier than 5 minutes before the scheduled appointment time.



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- \_\_\_\_\_ I will wash my hands or use alcohol-based hand sanitizer upon entering the building and office.
- \_\_\_\_\_ I will wear a mask during the therapy session if recommended by public safety standards or requested by the clinician.
- \_\_\_\_\_ If I learn that I have been exposed to someone who is symptomatic or tested positive for COVID-19, I will notify the clinician within 24 hours.
- \_\_\_\_\_ I understand that the clinician may change the aforementioned precautions if additional local, state or federal orders or guidelines are advised.
- \_\_\_\_\_ I agree that I am in the best position to assess and understand my own health/physical condition and understand that it is my responsibility to consult with a physician prior to attending in-person therapy sessions.

**IV. MY COMMITMENT TO MINIMIZE EXPOSURE**

As your clinician, I agree to also adhere to the aforementioned statements (Section III) in order to minimize the risk of exposure. Should I learn that I have been exposed to a COVID-19 positive person, become symptomatic, or test positive for COVID-19, I will notify you within 24 hours in order for you to take appropriate precautions. Additionally, I will provide hand sanitizer that contains at alcohol in the therapy office and the waiting room. Credit card pads, pens, and other areas that are commonly touched will be thoroughly sanitized after each use. Trash will be disposed of on a frequent basis. My office will be thoroughly disinfected at the end of each day. I will have an air purifier in my office running at all times.

I have read and understand the above information and agree to these conditions in order to participate in in-person therapy sessions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Client Name