

Charlotte McKernan Therapy
204 Walnut St, Suite J, Fort Collins, CO 80524
970-368-3641
CharlotteMcKernanTherapy@gmail.com

This Consent for In-Person Services is a supplement to the general informed consent that we agree to at the outset of our work together. Please read this consent carefully and let me know if you have any questions.

The threat of COVID-19 is ongoing and, as a way to lessen the risk of exposure, my practice is using video sessions. This alternative lowers the risk of you being exposed to COVID-19. In some situations you may decide that you prefer to meet face-to-face, and with the change in our state's "Stay at Home" order, I am willing to do that. In my practice, I am willing to meet patients in person when the benefit of meeting with me in person is assessed by you to outweigh the risk, and when you do not have any underlying health concerns that put you into a high-risk category.

By signing below, you are acknowledging that you are both healthy and have not been exposed to someone with COVID-19 in the last 14 days to the best of your knowledge, and that you are taking full responsibility for the inherent risk of meeting in person.

My job is to ensure that my office is as safe an environment as possible. I will make every effort to ensure safety by:

- Asking that you wait in your car or outside the building until the time of your appointment to lessen your time in shared spaces.
- Asking that you wash your hands immediately upon entering the building.
- Providing hand sanitizer for you to use in my office.
- Maintaining a social distance of at least 6 feet.
- Requiring that you wear a face mask or face covering in any shared spaces of my office building. Once you are in my office, you can decide whether or not you want to continue to wear a mask.
- When the weather allows, keeping a window open in my office to provide fresh air.
- Cleaning all hard surfaces between clients.

With this consideration, your signature below acknowledges both the inherent risks of meeting in-person and your decision to opt for in-person treatment when tele therapy and phone therapy are available to you as an alternative.

Patient Signature

Date