COVID-19 Office Policies & Guidelines

Welcome to in-person sessions. I have developed this document to help both of us feel comfortable meeting together in light of the ever-changing landscape of the effects of COVID-19. It is important that you know that all of the therapist that share office space with me are in agreement that we will strictly follow the most conservative interpretation of the CDC guidelines so that everyone feels at ease meeting face-to-face.

There will be many changes from our regular way of meeting. Our office has made the decision to close the waiting room and so I will ask you to text me upon your arrival. Please text my cell, 469-855-0515 and I will text you back to let you know that I am ready for our session. I will meet you at the second door for our suite to allow entrance into the suite. This is the door that is used to exit the suite. We will have hand sanitizer available for you as you enter the suite. Please wear a mask into the building and the suite. I will not require a mask during our session, and you are free to remove your mask after entering my office.

I will continue to offer 55-60 min sessions. My schedule will allow 15 min between sessions to sanitize the office space.

I ask that you seriously assess your health before coming to a session. Please do not come if you have a fever, cough, or other COVID-19 symptoms. If you need to cancel your session for health reasons you will not be charged the normal cancellation fee.

I will continue to accept credit cards, cash or checks as a method of payment. However, if your bank offers Zelle I highly recommend this efficient payment method as it offers the safest and most direct method of payment. Please research this option before the session if you are interested in paying with Zelle.

This document supplements the general office policies and consent forms that we agreed to at the start of our work together. I reserve the right to refuse services to anyone that exhibits illness of any kind or has been exposed to anyone with Coronovirus in the last 14 days.

Please sign and date indicating your agreement to follow these guidelines for our in-person session.

Name

Date