

## **Consent Form For In-Person Therapy Services**

**I \_\_\_\_\_, as a client/patient of Laura S Mindell PLLC d/b/a Revitalize Counseling,  
I agree to the following terms of in-person therapy services:**

**I knowingly and willingly consent to and assume all health risks for participating in in-person therapy services during the COVID-19 pandemic.**

**I understand the coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.**

**I understand and acknowledge that it is impossible to determine who has contracted the coronavirus and who has not.**

**I understand that due to the frequency of visits of other clients, the characteristic of the virus, and the characteristics of mental health services, that I have an elevated risk of contracting the virus simply by participating in in-person therapy services as opposed to telehealth services.**

**I agree to comply with all the protocols and policies of the Practice.**

**I agree to wear a mask at all times during my appointment if required by the Practice.  
I agree to complete the Client Questionnaire within 24 hours of my appointment and provide it to the Practice before my scheduled appointment.**

**I agree that at the time of my appointment I will have my temperature taken (must be below 100°) and will sanitize my hands.**

**I will come to the appointment alone and will only bring items that I can fit on my lap.**

**I agree that upon arriving, I will call the Practice or be called before entering the premises.**

**I agree to socially distance from others and will not be in physical (touch)contact with anyone.**

**I also agree and acknowledge that if I fail to comply with the above requirements and other protocols or policies of the Practice, my appointment will be cancelled, with a cancellation fee at my expense.**

**I further agree that the Practice reserves the right to cancel appointments if the Practice deems it to be in the best interests of staff and other clients, at no cancellation fee to me. In such event, the appointment may be rescheduled for another in-person or telehealth appointment.**

**I understand that while the Practice takes steps to routinely clean and, disinfect the office, they cannot make any guarantees given the coronavirus and many variables; as such I agree that I will not hold the Practice liable for any health issues that may arise for me or my family.**

**I have read the above, understand my responsibilities and agree to comply with these responsibilities and other requirements of the Practice.**

\_\_\_\_\_  
**Print Client's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**If the Client is a minor, this Consent is signed on behalf of the Client, by**

\_\_\_\_\_  
**Print Name of Authorized Person Signing for Minor**

\_\_\_\_\_  
**Legal Status  
(Parent, Guardian, etc.)**