

**Adriana Russell MFT 2910 Camino Diablo Suite 200 Walnut Creek CA 94597**

**In Office Therapy Sessions Agreement**

**You are not required to receive psychotherapy in person. By coming to the office, you assume the risk of exposure to COVID-19 (or any other health risk). If you are concerned about possible risks to your health, consult with your physician before attending in session meetings.**

**I will respect your decision should you at any time choose to return to Telehealth services. If at any time it becomes unsafe due to a resurgence of COVID-19 or other health reason, I may require that we resume Telehealth sessions. If I determine a return to Telehealth services is necessary, I will attempt to share that decision with you as soon as practicable.**

**By receiving services in person, you will be mindful of the risks to yourself, your therapist, and your family members. I request the following from you:**

**You will only attend in person sessions if you are free of COVID-19 symptoms. I am happy to provide you with Telehealth services if you are feeling unwell.**

**You will adhere to the public health orders addressing requirements for facial coverings and social distancing to the extent they exist.**

**You will wash your hands and/or use hand sanitizer prior to entering my office.**

**You will wear a face covering and social distance in the office waiting room while waiting for your appointment.**

**If you are working in a job that exposes you to individuals who may be infected, I request that you please let me know. I do not recommend attending in person sessions if you are exposed to anyone who may be infected with COVID-19.**

**If you or a member of your immediate household tests positive for COVID-19, you should not attend in person sessions. You agree to inform me right away and we will resume Telehealth sessions.**

**There are certain circumstances under which I may be required to notify health authorities that you have been in my office. This typically would only occur if someone who had been seen in my office were to test positive for COVID-19. If this situation arises, and in accordance with applicable privacy laws, I will provide the minimum information necessary for the health authorities to perform their duties.**

**I agree with the stated in office therapy agreements policy and will adhere to these agreements.**

**Signed: \_\_\_\_\_**

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