

## Consent for In-Person Services

At this time I am offering in person expressive arts therapy, psychotherapy and supervision services to individuals who are vaccinated against Covid-19. Individuals who are not vaccinated may access services through a HIPPA compliant online platform such as Zoom.

I, \_\_\_\_\_, consent to participate in in-person psychotherapy and/or expressive arts facilitation with **Barbara Davis, LCSW, EXAT** at her office on 20 Mechanic Street, Camden, Maine.

I understand the following with respect to in-person sessions during the Covid-19 pandemic:

Covid-19 is extremely contagious and is spread primarily by person-to-person contact.

Barbara Davis, LCSW is up to date on vaccination against Covid-19 and has adopted reasonable preventative measures intended to reduce the spread of Covid-19, but there is still a possibility of transmission as a result of attending in-person services.

Federal and state laws typically authorize public health departments to collect patient information to prevent or control disease and for related public health needs.

Barbara Davis, LCSW may be required to report Covid-19 related patient information to public health departments, HHS, or the CDC, e.g., for contact tracing or other data collection needs. If reporting is required, only the minimum necessary information will be disclosed.

1. I agree to the following with respect to in-person sessions during the Covid-19 pandemic

I certify that I am up to date with vaccinations against Covid-19.

I will comply with safety precautions to limit the spread of Covid-19, as directed by Barbara Davis, LCSW.

2. I will notify Barbara Davis, LCSW as soon as possible before my appointment if I have symptoms of Covid-19 or anyone in my household has been diagnosed with

Covid-19. If this happens, I will cancel my appointment if I am sick (with Covid or another illness) unless I am directed to come in.

3. I knowingly and willingly consent to have in-person sessions and I acknowledge the health risk of Covid-19. I have read the information provided above and have had the opportunity to ask questions and discuss any concerns I have.

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Signature of client/parent/legal guardian

Date

**Please bring your signed paperwork and a copy of your Covid-19 vaccination card to your first appointment or mail it to me at PO Box 704 Camden, ME 04843. Alternatively you may email a signed copy to [BarbaraDavisLCSW@gmail.com](mailto:BarbaraDavisLCSW@gmail.com).**

***Please remember to include a copy of your vaccination card.***

For questions please call 207-706-6485