

Ellis McCauley, MS, LMFT
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Informed Consent for in person visits during Covid 19

Below is important information regarding resuming in-person services in light of the COVID-19 public health crisis. Please read carefully before signing.

By signing this form, I acknowledge and agree to the following:

1. I acknowledge that there is a risk of contracting COVID-19 when meeting in person.
2. I agree to comply with Ellis McCauley's policy to minimize the risk of transmitting COVID-19, which includes the following:
 - A. Calling to cancel the appointment if I have any cold or flu symptoms (your provider will do the same if they have symptoms). I will not come to meet in person if I have been exposed to COVID-19 in the past two weeks.
 - B. If I have been diagnosed with COVID-19, I will alert my provider to discuss what timeframe or testing will be required prior to an in-person appointment.
3. I understand Ellis McCauley may change or add to any of the above precautions if additional local, state or federal orders or guidelines are published.

Consent to treatment:

I have read, understand, and agree to the policies set forth in this statement and consent to in-person psychotherapy sessions.

Client, Name, Signature, Date