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Covid-19 Practice Procedures and Consent

My return to in person sessions is in line with new procedures that we will enact on a daily basis, so we stay safe and protect ourselves. Please read and sign this consent form.

This document contains important information about our decision (yours and mine) to work in-person considering the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

It will be your choice to start/continue/return to therapy in the format that you like. If you feel safer doing Telehealth, we will work with Zoom. If you feel safe to come to the office, this is always a preferred option. As you know, the table/touch work is the best for settling the nervous system and re-working attachment patterns so I want to continue providing it. A face-to-face talk format (no table) is also available. If I believe it necessary, I might suggest we return to Telehealth for everyone's safety. Please be aware that your insurance might not cover Telehealth at one point and this might be a serious financial consideration for you. I am open to a "hybrid" model as long as there is sufficient notice so I can send you a Zoom invitation in advance.

Please understand that by coming to the office, you assume the risk of possible exposure to Covid-19 (or other public health risk). This risk may increase if you travel by public transportation or ridesharing service. You understand that carriers of the virus might not show symptoms and still be contagious and that it is sometimes impossible to determine who is a carrier. That being said, we will have to fulfill some guidelines.

Therapist Guidelines

- If I am experiencing flu, fever/chills, respiratory symptoms (or sore throat), an unfamiliar cough, shortness of breath, muscle pain, a new loss of taste or smell, nausea/vomiting/diarrhea that is unusual or if I have been **out of the country** I will not see clients in my office, the session will be over zoom until I know I am symptom free.
- I will wear a mask in the waiting area and any common area of the office suite and in my own office.

- I will wipe down my table in between clients with disinfectant. I will not be able to provide blankets or pillows since these remain difficult to sanitize.
- **Please bring a clean sheet to cover the table during your use. I can store it for you in a plastic bag at the office till your next session.**

As of August 2022, I test myself every few days with an “at home kit”.

Client Guidelines

- If you are experiencing flu, fever/chills, respiratory symptoms (or sore throat), an unfamiliar cough, shortness of breath, muscle pain, a new loss of taste or smell, nausea/vomiting/diarrhea that is unusual or if you have been **out of the country** please schedule a zoom session.
- Clients will wash hands or use disinfectant gel on their hands upon entering the building. They will also wear a facemask as they enter the waiting room.
- Clients will wear a **facemask** upon entering **my office**.
- Clients will notify their therapist if their work/family situation involves being exposed to Covid-19 and will try to minimize their exposure.

It is recommended that you come to the office a few minutes before your session so you don't have to wait with too many people in the waiting room. I will probably operate with an open window to increase ventilation as well, weather permitting. I have air purifiers in my office.

Payments:

At this point, I strongly recommend we all switch to Ivy Pay, which is a platform that is HIPAA compliant and built for psychotherapists. It stores your credit card safely and once it is on file, I can charge you. Venmo is another less preferred option. Cash or checks are accepted exceptionally. There will be no exchange of credit cards or signatures in the office. We'll review this together if needed.

I trust that you can evaluate the situation on a day-by-day basis and make the right choice for yourself and for all of us at risk. Contact me if you have questions. I may change the above precautions if additional local, state or federal orders or guidelines are published, but I might also stick to my own guidelines for safety.

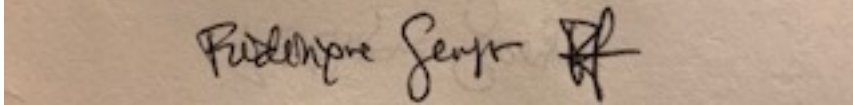
This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

I have read the new Covid-19 practice policies and agree to abide by the terms as indicated therein.

Signature of Responsible Party: _____ Date: _____

Legal Guardian if Client is under 18: _____ Date: _____

Therapist: Frederique Georges

A rectangular area containing a handwritten signature in black ink on a light brown background. The signature reads "Frederique Georges" followed by a stylized monogram.

Date: