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INFORMED CONSENT FOR IN-PERSON SERVICES

This document contains important information about our decision (yours and mine) to resume in-person services without masks in light of improvement in the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions.

We have agreed to meet in person without masks for some or all future sessions. We can always revert to telehealth if it seems safer or more appropriate.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming a very small risk of exposure to the coronavirus. We both agree that the benefit of psychotherapy face to face outweighs the small risk.

- By signing this document you confirm that you are fully vaccinated according to CDC guidelines. You have been informed that Michelle Samuel, therapist, is also fully vaccinated, and she accepts only clients that are fully vaccinated in her office.
- You will keep your in-person appointment only if you are symptom free. If you have any symptom of Covid 19, , you agree to cancel the appointment and proceed using telehealth. If you wish to cancel for this reason, I won't charge you my normal cancellation fee.
- If you have been exposed to Covid-19 at home, at your workplace or elsewhere, you will let me know and we will cancel the in person appointment.
- Please do not come into the office waiting room more than five minutes before our appointment time.

My Commitment to Minimize Exposure

I will see in my office only clients that are fully vaccinated. If I find out that I was exposed to covid , I'll let you know immediately, and we will continue by telehealth until there will be no risk. I will not work in my office if I have any symptoms,

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason for therapy. By signing this form, you are agreeing that I may do so without an additional signed release.

Informed Consent

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

Your signature below shows that you agree to these terms and conditions.

Patient/Client Date

Therapist/ Date