

CONSENT and SCREENING FOR IN PERSON COUNSELLING DURING PANDEMIC

Please read, and ask for clarification, regarding the following risks and conditions to meet with Maria Schmid or Tricia Thomas (“my psychologist”) in person and in office.

1. There is a risk that I could be exposed to severe acute respiratory syndrome Corona-virus 2, the virus responsible for COVID-19, while receiving counselling therapy by:
 - a) My physical presence in the Arriva building and premises including, but not limited to, its stairs, elevator, hallways, washrooms, waiting room and therapy office.
 - b) My interaction, whether known or unknown, with any person, including my psychologist, in the Arriva building or premises.
 - c) Contact with physical surfaces including, but not limited to, items, walls, furniture, equipment and fixtures throughout the Arriva building and premises.
2. While in the Arriva building, including in my psychologist’s private office, I will wear a face mask or other Personal Protective Equipment as a precaution to both myself and my psychologist to help reduce the risk to spread COVID-19.

I agree to take the following additional precautions, to help keep everyone safe from exposure to Corona-virus 2.

- a) I will wait in my car or outside until no earlier than 5 minutes before my appointment time.
- b) I will wash my hands or use alcohol-based hand sanitizer when I enter the building.
- c) I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands.
- d) I will take steps between appointments to minimize my exposure to COVID-19.

If I do not adhere to these safeguards, I may be asked to cease in person therapy sessions and resume tele-health sessions.

3. In the Arriva building, including the waiting room and while in session, I will maintain proper physically distant spacing of two metres between myself and any other individual, including my psychologist. I understand and consent that physical distance guidelines might not always be possible due to a restricted office and furniture layout or in order to properly assess and/or conduct therapy with me.
4. I will immediately suspend in-person counselling and will be encouraged to resume telehealth counselling sessions if:
 - a) I have travelled internationally or to a location with possible or high infection rates of COVID-19 within the past 14 days.
 - b) I have been in close contact without a face mask or any Personal Protective Equipment within the last 14 days with someone with a confirmed positive or presumptive diagnosis of COVID-19.
 - c) I am experiencing symptoms today or in past 14 days of any of these following symptoms known to be related to COVID-19:
 - fever
 - new or changed chronic cough
 - sore throat not related to a known pre-existing condition
 - runny nose not related to a known pre-existing condition
 - nasal congestion not related to a known pre-existing condition
 - shortness of breath not related to a known pre-existing condition
5. I consent that I will declare if I pose any potential risk of spreading COVID-19, or will declare if I was an actual risk so that others can be contacted in case of infection.
6. If there is a resurgence of the pandemic or if other health concerns arise, I may be required to conduct therapy sessions via tele-health.

I acknowledge that I have read and fully understand the risks, conditions and agreements as described above. I certify that I have answered the questions truthfully and have had any questions regarding the provision of counselling during the COVID 19 pandemic addressed by my psychologist. I acknowledge and confirm that I am willing to accept these risks.

Name (s): _____ Signature(s): _____

Date: _____ Psychologist: _____