

**Informed Consent to Safety Practices related to COVID-19**  
**Lancaster Psychotherapy**

This consent form is an agreement between you, my client, and me, your therapist, to follow commonly recommended safety practices related to COVID-19 when meeting in person.

To help contain the virus I, your therapist, agree that I will:

- Cancel in-person appointments if I am diagnosed with COVID or have COVID symptoms, including shortness of breath, fever, or cough
- Cancel in-person appointments if I was with someone diagnosed with COVID within the past week
- Maintain 6 feet distance from you during your session
- Cover my mouth when I cough or sneeze
- Regularly clean surfaces and objects in my office that clients touch

To help contain the virus you, my client, agree that you will:

- Cancel your in-person appointment with me if you were diagnosed with COVID or have symptoms including shortness of breath, fever or cough
- Cancel your in-person appointment if you were with someone diagnosed with COVID within the past week

Your signature below attests that you have decided the benefits of having in-person therapy outweigh the risks involved with in-person therapy.

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Client signature

Client name

Date

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Susan Cabouli, Ph.D.  
Clinical Psychologist

Date

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