



## Consent for In-Person Services During the Covid-19 Pandemic

Counsellor: Jody Francis  
MSW, RSW # 13265

I, *(insert name)* hereby acknowledge that I have agreed to meet with Jody Francis, MSW, RSW for in person Counselling Services. I have reviewed the "Information sheet about Face to Face Sessions During Pandemic" and am aware of the following:

There is a risk that I could be exposed to coronavirus 2, the virus responsible for COVID-19 while attending Quiet Healing Counselling and Yoga to receive services.

I accept and acknowledge that I could be exposed to COVID19 through the following means (this list is not exhaustive):

1. My physical presence at the building
2. My interactions with other clients or members of the public who are present in the building at the time of my attendance;
3. My interactions with staff, and
4. The physical touching of any equipment or fixtures in the Facility.

I understand that telehealth services continue to be available to me and may be utilized as circumstances shift.

I acknowledge and understand I am to attend appointments right at the set hour of my appointment.

My appointment will end at the 60-75 minute mark to ensure time to clean in between sessions.

I understand that if I attend an appointment while showing signs of Covid-19 I may be asked to leave and reschedule or utilize telehealth. I understand I will be asked to complete a Covid-19 assessment prior to my appointment and agree to not attend appointments if I have symptoms of Covid-19 that are not part of a pre-existing condition.

I acknowledge that my counsellor has a legal obligation to report my actions to Alberta Health Services if I disclose I have tested positive for Covid-19 and am not self-isolating.

I acknowledge that I have read and fully understand the risks and considerations as described above. I acknowledge and confirm that I am willing to accept these risks as a condition of attending at the Facility to receive the Services from the Service Provider.

I confirm that any questions that I had regarding the provision of the Services during the COVID 19 pandemic have been answered by the Service Provider.

Name of Client:

Date:

Name of Counsellor:

Date: