

Please read this document carefully. It contains important information about resuming in-person services during the COVID-19 public health crisis. By signing this document, you agree to all information, guidelines, and requirements explained within.

### **ACKNOWLEDGEMENT AND CONSENT FOR IN-PERSON SERVICES**

I hereby consent to continue services in-person with EVELINE SMILACK, MFA, LMFT. I understand we will meet in-person for future sessions. However, if there is a resurgence of the COVID-19 pandemic, or if other health concerns arise, I may need to meet by telehealth. I understand that Eveline Smilack, MFA, LMFT may determine telehealth to be necessary in order to comply with regulations and to protect everyone's well-being.

If I decide at any time that I feel safer staying using, or returning to, telehealth services, Eveline Smilack, MFA, LMFT will respect that decision, as long as it is clinically appropriate. I acknowledge I understand reimbursement for telehealth services, however, is determined by insurance companies and applicable law. I will consult my insurance company for more information in order to make an informed decision.

#### **Risks of In-Person Services**

I understand that by coming to the office, I am assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if I travel by public transportation, cab, or ridesharing service.

#### **Commitment to Minimize Exposure**

Eveline Smilack, MFA, LMFT has taken steps to reduce the risk of spreading the virus within the office. I understand that Eveline Smilack, MFA, LMFT is committed to keeping me safe from the spread of this virus. If I show up for an appointment and Eveline Smilack, MFA, LMFT observes I have a fever or other symptoms, or believes I have been exposed, Eveline Smilack, MFA, LMFT will require that I leave the office immediately. Eveline Smilack, MFA, LMFT will follow up with telehealth services as appropriate.

If Eveline Smilack, MFA, LMFT or others in the office test positive for the coronavirus, Eveline Smilack, MFA, LMFT will notify me so that I can take appropriate precautions.

#### **Responsibility to Minimize Exposure**

To obtain services in-person, I agree to take certain precautions which will help keep everyone safer from exposure, sickness and possible death. My failure or refusal to adhere to these safeguards may result in moving to telehealth services.

Please initial and date each entry to indicate that you understand and agree to these actions:

- I will attend in-person appointments ONLY when SYMPTOM FREE. \_\_\_\_
- I will take my temperature before coming to each appointment. If elevated (100 F or more) or if I have coronavirus symptoms, I will contact Eveline Smilack, MFA, LMFT to schedule my session by telehealth. The 24-hour notice to reschedule or cancellation policy continues to apply. \_\_\_\_
- I will wait in my car or outside until no earlier than 5 minutes before my appointment time. \_\_\_\_
- I will wash my hands or use hand sanitizer when entering the building. \_\_\_\_
- I will adhere to the safe distancing precautions in the waiting room. \_\_\_\_
- I will wear a mask in designated areas of the building and office, per regulations. \_\_\_\_
- I will keep a 6 feet distance and there will be no physical contact, including no shaking hands, with me or others. \_\_\_\_
- I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands. \_\_\_\_
- If I bring a child, I will make sure that my child follows all sanitation and distancing protocols. \_\_\_\_
- I will take steps between appointments to minimize your exposure. \_\_\_\_
- If my job(s) exposes me to those who may be infected, I will inform Eveline Smilack, MFA, LMFT. \_\_\_\_
- If my commute or other responsibilities or activities put me in close contact with others who may be infected (beyond my immediate family), I will inform Eveline Smilack, MFA, LMFT. \_\_\_\_
- If a resident of my home tests positive for the infection, I will immediately let Eveline Smilack, MFA, LMFT know and move treatment services to telehealth. \_\_\_\_
- If additional local, state, or federal orders or guidelines are published Eveline Smilack, MFA, LMFT may change the above precautions. If that happens, Eveline Smilack, MFA, LMFT will inform me of any necessary changes. \_\_\_\_

**Eveline Smilack, MFA, LMFT**  
**Licensed Marriage & Family Therapist #91090**  
**Practice of Psychotherapy**

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**Confidentiality in the Case of Infection**

I understand that if I test positive for coronavirus, Eveline Smilack, MFA, LMFT may be required to notify local health authorities that I have been in the office. If Eveline Smilack, MFA, LMFT is required to report this, Eveline Smilack, MFA, LMFT will only provide the minimum information necessary for data collection and will not go into any details of the reason(s) for visits. By signing this form, I acknowledge and agree that Eveline Smilack, MFA, LMFT may do so without an additional signed release.

**Informed Consent**

Before commencing in-person treatment, I have thoroughly considered all of the above. I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate before beginning in-person therapy. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity. I understand I can choose to not consent to in-person treatment and can begin or continue treatment by telehealth with Eveline Smilack, MFA, LMFT.

My signature below indicates that I consent to receive in-person treatment.

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**As Witnessed By Therapist:**

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_