



Due to the long incubation period of the COVID-19 virus, as well as the reality that an individual may be a carrier of the virus without any symptoms or awareness, face to face contact with any other member of the community increases the risk of transmission of the virus.

Iowa Family Counseling is taking appropriate steps in efforts to reduce the risk of spreading the virus within the office and therapy rooms, such as enhanced cleaning and disinfecting procedures. These efforts and updated procedures are posted on our website for your information. Please contact Iowa Family Counseling with any questions surrounding these.

Iowa Family Counseling will continue to provide individual, couples, family and group therapy via a telehealth platform. We recommend that that clients continue to use telehealth for therapy services and that in-person office/school based sessions be used for clients with whom telehealth is not possible or suggested, such as clients with privacy or safety issues, clients who receive therapy with certain modalities or therapeutic techniques that are not conducive to telehealth (i.e. EMDR, play therapy) and/or clients who need a higher level of care.

By choosing in-person sessions over telehealth, you recognize the increased risk of contracting the virus in the office (and/or school setting) and accept that risk.

**Client/Guardian Acknowledgement & Agreement**

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus coming for in-person sessions at the office and/or school. I understand and accept the additional risk of contracting COVID-19 from contact at this office/school. I also acknowledge that I could contract the COVID-19 virus from a multitude of sources outside this office/school, which would be unrelated to my visit here. I acknowledge it would be very difficult for anyone to prove from whom or where they contracted COVID-19.

I assume the risk for myself (and/or my child) being in this therapy space (office and/or school) and request to proceed with services at Iowa Family Counseling.

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Name

Signature

Date