

Colette de Marneffe, Ph.D.  
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Silver Spring, MD 20910  
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### **Informed Consent for In-Person Psychological Services**

We have agreed to meet in person for some or all future sessions. We have decided that in-person meetings are appropriate at this time because we have been fully vaccinated and our risk of contracting COVID-19 has significantly diminished. The decision about whether to engage in in-person psychotherapy is based on current conditions and guidelines, which may change at any time. If there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth. If at any point you prefer to stop or put on hold our in-person meetings, please let me know.

We agree to the following:

- Masks will be worn in all common areas of the building. They may be removed inside individual offices when both parties agree to mask-less meetings.
- Social distancing will be observed. Please maintain a six-foot distance from others while in the office suite.
- Hand sanitizer is provided at the office entrance and should be used upon entering the office.
- We will not to meet in person if either of us have fever, shortness of breath, coughing, or any other symptoms associated with COVID-19; if either of us has been exposed to another person who is showing signs of infection or has had a positive COVID-19 test within the past 14 days; or if we have reason to believe that we may have been in a high-risk situation. **The usual policies of charging for missed sessions will not apply if an appointment is cancelled due to these reasons.**

Both of us agree to minimize our risk of exposure and to take necessary precautions. Despite our efforts, there is still a chance that you or I will be exposed to COVID-19 in my office. If you test positive or show signs of COVID-19 infection, contact tracing regulations may require me to disclose that you and I have been in contact. If so, I will inform you and will only provide the minimum necessary information required by law. By signing this form, you agree to this without the need for an additional signed release. This agreement supplements the general informed consent form that we agreed to at the start of our work together.

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Patient/Client

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Date

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Psychologist

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Date