

**SOL FLOWER WELLNESS**  
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**(407) 739-4267 \* [www.solflowerwellness.com](http://www.solflowerwellness.com)**

**INFORMED CONSENT TO ATTEND IN-OFFICE PSYCHOTHERAPY SESSIONS:**  
**OFFICE SAFETY PRACTICES AND PROCEDURES IN RESPONSE TO COVID-19**

As of April 15<sup>th</sup>, 2021 and continuing hereafter until further notice, please read the following practices and procedures that have been implemented for safety and reduced risk of spread and/or exposure to COVID-19 or other potentially harmful viruses. Please read this carefully, ask any questions necessary, and then sign to acknowledge that you agree and are willing to abide by these requests and procedures. This will greatly help to minimize risk for all who enter my office, and all those whom we may be in contact with upon our exit.

It is important to note that no prevention measure is 100%. Therefore, please be aware that if you choose to come into the office for a session, you will come at your own risk. Teletherapy services will continue and always be available, so that you will never have to miss a session if it is unsafe or unhealthy for you to come in for any reason. These procedures will be carried out with the highest due diligence to minimize risk and exposure as much as possible. Your consent to do your part will also serve to increase the measure of protection.

***What you can expect from me:***

- **I AM FULLY VACCINATED AND HAVE REACHED FULL THERAPEUTIC IMMUNITY (IE., 2 FULL WEEKS HAVE PASSED SINCE MY SECOND SHOT). This documentation is posted in my office.**
- I will wash my hands and use hand sanitizer regularly.
- We will practice social distancing by maintaining 6-feet distance between us once seated.
- I will wear a mask during our entire session at your request, or if you are a high-risk individual, or if you do not meet the requirements outlined in the next section. I also reserve the right to request that we both wear masks during our session if deemed necessary or safe.
- I will not conduct in person sessions if I am sick or have been exposed to COVID-19. If that should happen, virtual teletherapy sessions will resume if I am able to work.
- Sessions are staggered 15-minutes apart to allow time for proper cleaning and ventilation.
- A 4-stage filtration air purifier has been installed in the office to clean the air and will recycle the office air multiple times within the hour.
- The office is disinfected with Lysol Spray between each session.

***What I expect from you:***

- **To bring a mask to wear during our sessions unless ALL of the following exceptions are met:**
  - **You are fully vaccinated AND**
  - **You have not had close contact with anyone who has tested positive for COVID within the previous 10 days before your session AND**
  - **You have not tested positive for COVID within the previous 10 days before your session.**
- **If you choose to get vaccinated, please bring a copy of your vaccination card to be kept in your file.**
- **To self-monitor for symptoms of COVID-19 or other highly contagious viruses. **As soon as you are aware** that you have symptoms, please text me to cancel your session or shift to a virtual session. **Please do not come to the office** until you have been cleared by a medical professional or have self-quarantined for at least 10-days from the date of exposure. No cancellation fees will ever be assessed if this is the reason for cancellation, regardless of when or if you are able to contact me.**
- **To continue safe practices when you are not in the office to maximize your health and limit your risk.**
- **To continue to request teletherapy sessions as needed to ensure your safety and comfort until you feel safe enough to return to the office.**
- **No hugs or handshakes until you are fully vaccinated.**
- **To ask any questions that help build your confidence in these safe practices so that we can work together to develop understanding and enhance the safety of everyone.**

Once you have read this, have agreed to all the terms outlined, and asked any necessary questions, please sign below acknowledging your agreement and fully informed consent to participate in office sessions. Thank you for your patience and understanding as we all navigate a new way of being together.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_