

## Private Counseling

Bree Winkler, LPC, Ed.S., CAMS-II  
5950 Crooked Creek Road  
Suite 150-C  
Peachtree Corners, GA 30092  
PrivateCounselingGA@yahoo.com  
470-336-2884  
www.PrivateCounselingGA.com

### Updated 2021 Office Procedures for COVID-19 Informed Consent Addendum

As of May 16, 2021, the CDC has updated their guidelines for individuals who are fully vaccinated.  
(source: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>)

#### How this affects therapy sessions at Private Counseling with Bree Winkler LPC:

- Your counselor received her 2<sup>nd</sup> dose of the Pfizer vaccine on 4/23/21 and is fully vaccinated as of 5/7/21.
- If the client is fully vaccinated, mask usage is optional, per client preference
  - Client must show **proof of vaccination** prior to removal of masks
  - Client must be symptom-free **and** have no known exposure to COVID-19 or positive COVID test results within 2 weeks of the session
  - If client is fully vaccinated and chooses not to wear a mask, counselor will also not wear a mask
- If the client is not fully vaccinated, mask usage is required (by client and counselor)

**Symptom Check:** Face-to-Face appointments are not available if you are experiencing any of the following symptoms:

- Fever, Cough, Shortness of Breath or positive COVID-19 test
  - Alert therapist and make arrangements to change session to virtual.

#### Cleanliness and Disinfecting:

- Communal Office Items (i.e. door knobs, pens, etc.) will be cleaned and disinfected between each client
- Handwashing (at least 20 seconds) is required for counselor before/after each client interaction and is recommended for clients as well.
- Hand Sanitizer: Available for use by clients and counselor.
- Bathroom/Lobby: Cleanliness is maintained by Premier Commercial Realty, Inc. Contact: [www.pcr-atlanta.com](http://www.pcr-atlanta.com) or 404-459-4227
- Cough/Sneeze: Must be covered with tissue or inside of elbow.

#### Initial to acknowledge your client rights:

By choosing to attend therapy sessions in person, I am agreeing to the above Office Procedures and Safety Precautions to mitigate exposure to any communicable diseases (such as COVID-19) during my in-person therapy session. \_\_\_\_\_ Initial

By signing this agreement, I acknowledge the contagious nature of COVID-19 (and other airborne illnesses) and voluntarily assume the risk that myself and/or my child may be exposed to, or infected by, such illnesses while attending in-person therapy sessions. \_\_\_\_\_ Initial

I understand that I am able to choose, at any time, virtual telehealth sessions in place of face-to-face sessions, while also receiving quality and effective mental health treatment. \_\_\_\_\_ Initial

Client (print name) \_\_\_\_\_

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Vaccine (circle): Pfizer    Moderna    Johnson&Johnson

Date – Dose #1: \_\_\_\_\_ Dose #2: \_\_\_\_\_

