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Informed Consent for In-Person Therapy

Please read this document carefully and let me know if you have any questions.

* Please know that I am committed to keeping you and your family, as well as myself and my family safe from the spread of Covid virus or any illness. I want you to know that I am fully vaccinated and have had my boosters.
* If you and everyone who lives with you has completed their Covid vaccinations
  + I will not require you to wear a mask, unless you choose to do so.
  + I will not be wearing a mask or face shield, unless you inform me in writing that you would like me to do so.
  + This may change depending on current CDC recommendations.
* If you have not completed your Covid vaccinations, I will be wearing a mask or face shield.
* Please use hand sanitizer before entering my office and I will have hand sanitizer for you to use as you leave. I have also provided hand sanitizer in the waiting room.
* It goes without saying that I expect that you are taking steps between appointments to minimize your exposure to the Covid virus. If you have a job that exposes you to people who are infected with the Covid virus, please let me know. In that case, it may be best to do virtual therapy services. Of course, if anyone in your home tests positive for Covid, please let me know and we will then need to do therapy via telehealth.
* As long as there is a threat of Covid virus in this area, please do not attend therapy if anyone in your home is ill.
* Be aware that in coming to the office, there could be the risk of exposure to the coronavirus (or other health risks), either while traveling to the office, or inside the office or restrooms.
* If you arrive at my office with a fever or symptoms of illness, I will have to ask you to leave, and in that case, we can return to virtual therapy until any danger is passed. If I should test positive for the coronavirus, of course I will notify you immediately and I will resume therapy via telehealth.
* If there is a resurgence of the pandemic or if other health concerns arise, I may return to meeting virtually. Similarly, if additional local, state or federal orders or guidelines recommend different practices, I will advise you of any necessary changes.

Your signature below shows that you agree to these terms and conditions.

This agreement supplements the informed consent(s) that you have previously signed.

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Name (please print)

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Your signature Date