



JENNIFER TARDELLI, MA, LPC, NCC  
PSYCHOTHERAPY • WOMEN'S ISSUES

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## **COVID-19 Informed Consent & Waiver** **for In-Office Services**

This document contains important information about your consent to in-office services during the COVID-19 pandemic. Please read this carefully. When you sign this document, it will constitute a contract between you and Jennifer Tardelli, LLC (hereinafter referred to "The Practice"). The Practice cares about you and wants you to make an informed decision with your informed consent concerning in-office services. Please do not hesitate to call my office for additional information or any concerns.

### **Your Responsibility and Commitment to Minimize COVID-19 Exposure**

To receive in-office services, you will need to sign this document and agree to take certain precautions to help keep your therapist, The Practice staff, our families, other clients, and the general public safer from exposure to COVID-19 illness and possible death. By signing this document, you agree to follow **"The Practice Policies for In-Office Services"** as well as the most recent guidelines of **The Centers for Disease Control and Prevention (CDC)**.

**If you do not adhere to The Practice "Policies for In-Office Services," your appointment will be CANCELED**, and you will have to call to reschedule and may be assessed a late cancellation fee. If clients generally do not comply with the policies, this will result in The Practice scheduling only telemental health appointments. **The Practice retains the right to deny appointments to anyone not complying with these policies** and maintains the right to require only telemental health arrangements for clients who we deem to be symptomatic, or otherwise a safety risk, at our sole discretion. The Practice may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, we will notify you about any necessary changes.

### **Maintaining Confidentiality in the Case of Infection**

If you have tested positive for COVID-19 and you have been in our office in the recent past, The Practice will need to inform identifiable people with whom you may have crossed paths, so they know they have had exposure. However, please know that if The Practice informs others, The Practice only informs them that **a** client tested positive; The Practice will not disclose your identity or any identifying information to anyone other than your treating therapist if you have not already done so. By signing this form, you agree that The Practice may do so without an additional signed release.



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### Please Read Carefully

1. You understand that The Practice is **NOT** responsible for the risk associated with in-office services and cannot be sued for any possible exposure to COVID-19. You understand that it is difficult to determine exactly where someone contracts COVID-19; however, if you believe you contracted COVID-19 while seeking in-office therapy services with The Practice, you will not sue The Practice. As such, and in consideration of the services provided by The Practice, you, individually, and on behalf of your child should your child be the client receiving services, hereby release, covenant not to sue, discharge, and hold harmless The Practice, its officers, employees, agents, and representatives of and from any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating to in-office services or COVID-19 exposure. You understand and agree that this release includes any claims based on the acts, omissions, or negligence of The Practice, its therapists, officers, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments.
2. **You acknowledge and agree that if you have symptoms, have tested positive for, or have had exposure to COVID-19, you will inform The Practice, and you agree to seek treatment via telemental health and will NOT return to in-person services until you are no longer sick, a minimum of ten days has passed, or you have a note from a doctor or nurse stating that it is safe to seek therapy in-person. The Practice will maintain the same protocol.** CDC guidelines are subject to change, so please be aware that The Practice may update these policies. The Practice retains the right to cancel any appointment or services for any Client not compliant with this requirement, even if noncompliance was discovered mid-session.
3. You understand and acknowledge that by coming to the physical office, **you are responsible** for the risk of exposure to COVID-19 (or other public health risks).
4. You understand that by signing this document, you agree to follow **ALL** safety policies found in the **“Policies for In-Office Services,”** any posted signs in The Practice, and you will follow the most recent CDC guidelines regarding COVID-19.

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

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Client, Parent, or Legal Guardian's Printed Name

Date

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Parent's or Legal Guardian's Signature