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 45 San Clemente Drive, Suite D220, Corte Madera, California 94925 (415) 785-3700

Informed Consent for Returning to In-Person Therapy

As of April 5, 2021, I will be returning to in-person therapy at 45 San Clemente Drive in Corte Madera, Suite D220. I will also be continuing to provide virtual (telehealth) therapy, and it will be your choice whether to have your child (and/or yourself) meet with me in person or virtually. However, most children do better with in-person work, and if possible, I recommend that you have your child come to my office for their therapy. If you choose in-person work, please read this document carefully and let me know if you have any questions.

If you choose to have your child meet with me in person:

* 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 completed my Moderna vaccination series in February.
* If both parents and any other adults who live with the child have completed their Covid vaccinations
	+ I will not require your child to wear a mask, unless you require them 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.
* If both parents have not completed their Covid vaccinations, I will be wearing a mask or face shield.
* Please make sure that your child uses hand sanitizer immediately before entering my office and I will have them use hand sanitizer as they leave. I have provided hand sanitizer in the waiting area for your child and/or you to use for this purpose.
* 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 continue with virtual therapy services. Of course, if anyone in your home tests positive for Covid, please let me know and we will then resume therapy via telehealth
* As long as there is a threat of Covid virus in this area, please do not have your child

attend therapy if anyone in the family 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 or your child arrives at my office with a fever or symptoms of illness, I will have to ask you to take them home, 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 are published, I will advise you of any necessary changes.
* I do realize that your child’s current therapy time might not work given that you will need to transport your child to my office. If that is the case, please indicate below some other times that you would like to bring your child to my office in Corte Madera. I will do my best to accommodate your request, but if someone else is already in that time slot, we will have to work something else out.
* Finally, if you usually file a superbill with your insurance company for reimbursement, please be aware that some insurance companies may not reimburse for ongoing telehealth services. If you have questions about this, please contact your insurance company. I am not familiar with all of the different insurance providers, so I cannot answer any questions about insurance.

Please download, sign, scan and email this form back to me.

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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Child’s name (please print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature Date

My child’s current therapy time is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to keep my child’s time the same Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

I would like to like to change my child’s time to:

 1st choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of adults in the home. Please indicate for each adult if vaccinations have been completed, if they will soon be completed (please write the date if known), or if they are not yet scheduled:

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