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## **CONSENT and SCREENING FOR IN PERSON COUNSELLING DURING PANDEMIC**

I hereby acknowledge that I will read, ask for clarification and discuss the following conditions to meet with Maria Schmid, Tricia Thomas, Shantelle Szuch, Nicole Berggren, or Pamela Groulx (the “Practitioner”) in office with the intention to understand, acknowledge and accept all of the following:

1. There is a risk that I could be exposed to severe acute respiratory syndrome coronavirus 2, the virus responsible for COVID-19 while receiving counselling therapy by:
  - a) My physical presence in the building, its stairs, hallways, washrooms, waiting room and therapy office.
  - b) My interaction, known or unknown, with any other person also present in the building on the day of my appointment.
  - c) Physical surfaces, furniture, equipment or fixtures throughout the building.
2. That while in the building, including the psychologist’s private office, that I will wear a face mask or other Personal Protective Equipment as a precaution to both myself and the Practitioner to reduce the risk to spread COVID-19.
3. While meeting me in the waiting room and while in session, the Practitioner and I will maintain proper physically distant spacing. I understand and consent that physical distance guidelines might not always be possible due to a restricted office and furniture layout or in order to properly assess and/or conduct therapy with me.
4. I am taking responsibility for myself and all others I come into contact with that should I answer positively to any of the following questions, I can and will be immediately asked to suspend counselling in person so as to reconnect later via phone or online to resume the counselling session:
  - a) I have travelled internationally or to a location with possible or high infection rates of COVID-19 within the past 14 days.
  - b) I have been in close contact without a face mask or any Personal Protective Equipment within the last 14 days with someone with a confirmed positive or presumptive diagnosis of COVID-19.
  - c) I am experiencing symptoms today or in past 14 days of any of these following symptoms known to be related to COVID-19.
    - fever
    - new or changed chronic cough
    - sore throat, runny nose, nasal congestion and/or shortness of breath

\* all not related to a known pre-existing condition
5. I consent that I will declare if I pose any potential risk of spreading COVID-19 or will declare if I was an actual risk so that others can be contacted in case of infection.
6. For any reason that in person counselling might create undue stress, I understand therapy via tele-health is required.

I acknowledge that I have read and fully understand the risks and agreements as described above. I certify that I have answered the questions truthfully and have had any questions regarding the provision of counselling during the COVID 19 pandemic addressed by the Practitioner. I acknowledge and confirm that I am willing to accept these risks. I consent that I will declare if I myself pose any potential risk or will declare if I was an actual risk so that others can be contacted in case of infection.

Name(s):

Signature(s):

Date:

Name of Practitioner: