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CONSENT TO MEET IN PERSON

In returning to meet in person we recognize that it is not possible to guarantee that illness will not be transmitted. However, we will jointly agree to take steps to minimize that possibility as much as possible. This includes:

- Rescheduling as a virtual visit if you or anyone you have been in close contact with has been diagnosed with COVID-19, or if you are feeling ill.
- Inform me if you learn after an in person visit that you have been diagnosed with or have been exposed to COVID or any other illness of concern. I will inform you if I have been exposed or diagnosed during a time when you might have been exposed.
- You may wear a mask if you feel more comfortable doing so but you are not required to. I may wear a mask if I have reasons for doing so at a particular time.

If the prevalence of COVID or any other illness that could cause life threatening or life changing consequences increases to a point where the risk is notably higher we may return to virtual visits. You can request to return to virtual visits at any time, and I may choose to do so depending on circumstances and my personal concerns.

I look forward to meeting with you in person.

Please sign and date:

Signature

Date