

Safe Harbor Counseling
76 S. Main Street, Suite A, P. O. Box 806
Sugar Grove IL 60554
630-466-8657 (office) 844-799-2031 (fax)

Client Name _____ Date _____

In-person Treatment Health Agreement

To support the health of all, the therapists and the clients at Safe Harbor Counseling agree to

meet in person (telehealth an option) only when both parties are symptom free of illness.

Office procedures

- Regular cleaning and disinfecting
- Clients remain in their cars, texting or calling their therapist upon arrival.
- Therapists will meet clients at the door (doors remain locked at all other times)
- Only the therapist will touch doors to minimize potential contamination
- Use of hand sanitizer and/or hand washing upon arrival
- Maintaining social distancing

Client and therapist discuss and decide together if sessions are in person or through telehealth on a case by case or session by session basis.

Please know that there can be no guarantees related the transmission of illness. Signing this agreement indicates your understanding and acceptance of our mutual responsibility in staying healthy.

client signature and date

parent signature and date for clients under 18

therapist signature and date
