

*Randi Cohen, MD, PhD  
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**INFORMED CONSENT FOR IN-PERSON TREATMENT**

For those who prefer treatment in-person, Dr. Cohen is providing in-office visits. These visits improve comfort and interpersonal connection and thereby psychotherapy effectiveness for some people. On the other hand, in-person visits confer an increased risk of transmission of COVID-19 or other transmissible illnesses.

Here are the procedures that will be followed to protect health:

- Please do not come in person if, within the past 10 days, you or members of your household have:
  - Experienced cough, fever, or shortness of breath (unless there is evidence that it is not COVID 19-related, e.g. allergies, panic attacks, or a negative COVID test after symptoms began)
  - Tested positive for COVID-19 or been in contact with anyone who has tested positive
- If you or Dr. Cohen are experiencing significant symptoms of any transmissible illness and a COVID test is negative, please allow 24 hours after symptoms have resolved prior to an in-person session.
- If symptoms unexpectedly appear during a session, you will be asked to do the rest of the session from your vehicle using your cell phone.
- If we need to cancel an in-person session less than 48 hours prior due to illness on the part of Dr. Cohen or you, Dr. Cohen remains available to do the session remotely, and you decline the remote option, the session will be subject to the 48-hour cancellation policy (i.e. payment will still be due).
- Please sit at least 6 feet from Dr. Cohen to retain social distancing. Dr. Cohen will wear a mask unless you request otherwise. If you request that the mask be removed because this is likely to improve your experience within therapy (which can be the case for some people), there is an increased risk of transmission of COVID-19 or other transmissible illnesses. If you request mask removal, this is an indicator that you are accepting that additional risk in order to receive the benefit of increased comfort and interpersonal connection. A mask removal request will be considered the default for future sessions. Of course, you are free to request at any time that Dr. Cohen be masked.

**I voluntarily agree to participate in in-person sessions, understanding the risks and benefits as outlined above.**

**If I request mask removal, I understand the risks and benefits, as outlined above.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date