

In-Person Play Therapy Sessions

Office Sessions

I agree to have my child treated in person by Rebecca L. Soffer, PsyD during the COVID-19 public health crisis.

I agree that masks are a required part of treatment for my child. I am responsible for my child wearing one throughout the Play Therapy Session. Masks are also required in common spaces such as elevators and waiting rooms.

I agree that I am responsible for my child's hygiene, including handwashing before and after sessions.

I agree to that I am responsible for my child's and family's health and will cancel my child's appointment if s/he or anyone in the family comes down with symptoms such as fever, runny nose, congestion, cough, sore throat, difficulty breathing, or stomach upset (nausea, vomiting, or diarrhea). I agree that my child can return only after testing negative for COVID.

I agree to inform Rebecca L. Soffer, PsyD, of any new exposures my child or my family has had to COVID-19 immediately.

If I need to cancel a session at the last minute, I agree to text Rebecca L. Soffer, PsyD at 510-282-5710. I will not be charged for last minute cancellations due to illness.

Outdoor Sessions

I agree to provide a quiet, private space for Rebecca L. Soffer, PsyD to meet with my child outdoors unless we mutually agree upon another location (ex. a park or outdoor space adjacent to my office).

I understand that without the traditional confines of the office, privacy cannot be maintained in the same way.

Therapist Commitment to Minimize and Report Exposure

I, Rebecca L. Soffer, PsyD, agree to inform clients immediately if anyone in my family is exposed to the virus, feels sick or tests positive for the virus. I agree to inform clients of any activities that I or my family engage in that increase possibility of exposure (ex. air travel). I, Rebecca L. Soffer, PsyD, reserve the right to cease in person sessions if there is a resurgence of the pandemic or otherwise do not feel safe providing in person treatment.

I will implement the use of a HEPA Air Purifier during the office sessions and will sanitize toys and other objects in between sessions. However, there are certain materials such as sand that cannot be sanitized.

Illness Policy

If your child appears sick or reports any symptoms of illness during our sessions, I will terminate the session immediately.

Confidentiality in Case of Infection

If a client has tested positive for COVID-19, I, Rebecca L. Soffer, PsyD, may be required to notify local health authorities about our contact. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reasons for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

I have read and understood the above guidelines and I consent to the conditions of treatment as outlined above.

Client Signature: _____ Date: _____

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