

Caron Zar Covid Agreement for Face-to-Face Sessions

During the COVID pandemic, I will be following the Government advice on how to stay safe. Should this advice change (whether nationally or locally), this may result in short term changes to my practice. At all times, Government advice will supersede anything in this contract.

Things I'm doing to keep you safe.

I have introduced several measures in order to provide a safe environment for you.

- * Counselling chairs have been set 2 meters apart, to allow for social distancing
- * After each session, the room will be aired, sprayed and surfaces cleaned
- * I will provide tissues however you may prefer to bring your own
- * I will keep the windows open to allow for ventilation, during the colder months I may close the windows or keep a small window open.

You may want to dress warmly for the session to be comfortable.

In order to keep a safe environment, this is what I require from you:

- * Sanitise your hands before entry
- * Keep your belongings with you
- * You are welcome to bring your own drinks and tissues, but please take any rubbish away with you

Symptoms

In the event that either you or I (or anyone in our households) develops symptoms, you should not attend the session in person. Where possible, the session will be changed to a remote method. I will give you as much notice as possible in this case, and I would ask that you do the same.

Communication.

Should you need to contact me at short notice, the best way is to call or text me - 07596 140463. Less urgent enquiries can be emailed to caronzar@mail.com. Please note, I will not reply over weekends or bank holidays (other than by prior arrangement).

Please confirm your preferred contact details:

Track and Trace

Should I test positive for coronavirus, I may have to disclose people whom I've had close contact with, to the NHS. If I am required to do so, I will provide your name and contact number, no information around the nature of our contact will be provided.

Should you test positive, I am happy for you to provide my name and phone number to the NHS tracers.

Consent

Please sign below to show you consent to this agreement.

Client's Signature: _____

Date:

Counsellor Signature: _____

Date: