

Esther Goldberg, LPC
487 Walnut St.
Ashland, OR 97520

COVID-19 PHASE 1 SCREENING AND EDUCATION ATTESTATION

Please sign below to indicate you understand and agree to the following:

1. I have not had in the past 7 days, nor do I currently have a cough, fever or shortness of breath.
2. I have not been in contact with anyone with these symptoms or who has been diagnosed with COVID-19 in the past 14 days.
3. I understand that current understanding of COVID-19 suggests that it spreads from an infected person to another through the air by either coughing or sneezing, through close personal contact such as shaking hands, or through touching a surface with the virus on it and then touching your mouth, nose or eyes.
4. I understand that clients who are in high risk categories, or who for other health reasons prefer to continue meeting remotely, are offered that option.
5. I understand that the following precautions are being taken at this office:
 - a. To reduce contact in the waiting area, clients are asked to remain in their cars or out on the front porch until texted to come in.
 - b. The door to my office will be opened and closed only by me.
 - c. I will maintain a 6' distance from clients when we are in the office together. You are permitted to use a mask if you see fit.
 - d. Since the office couch is not easily sterilizable, clients wishing to bring a sheet to cover the couch during their session, may do so.
 - e. I understand that this protocol will remain in effect until future notice of its termination.

Signature

Date