

**Graceview Counseling Center**  
25510 Tomball Parkway  
Tomball, Texas 77375  
713-306-7061  
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### COVID19 POLICY

We want to reach out and offer a few alternatives for counseling. As you are aware, we have been conducting our session online for the past several weeks. Beginning Monday, April 27, 2020, we will start to have limited in-person sessions at our offices. We will be taking additional time between sessions to clean as a precaution to help prevent the spread of the virus. The “shelter in place” order allows professional counselors and their clients to travel to in-person sessions as an “essential” service. Please read and sign the document below. Any questions or concerns can be addressed to Joy Sumrall/Clinical Director/Owner, at [joysumrall.lpc@gmail.com](mailto:joysumrall.lpc@gmail.com) or by phone at 713-306-7061.

1. Graceview Counseling Center is offering a safe alternative for therapy during this pandemic through teletherapy. We strongly encourage our clients to consider this alternative for your therapy.
2. Beginning April 27 (consistent with guidelines from the State of Texas and Harris County) we will re-open our office for in-person therapy for clients on a limited basis. We reserve the right to close the office at any time, at our sole discretion.
3. In-person sessions will only be by prior appointment and may be limited in availability.
4. All clients will be required to provide a signed copy of this document before coming for their first in-person visit. This can be done by scanning the signed document and/or taking a picture of the signed form and texting it to the email or phone number listed in the header of this letter. DO NOT send to your individual therapist or wait to bring the form to the session.
5. Clients acknowledge that, although we are doing our best to follow all guidelines for a safe counseling environment, there is still a risk of disease transmission associated with any in-person visit. Clients agree to hold Graceview Counseling Center, Graceview Baptist Church and all Graceview Counseling Center owners, employees, and contractors, harmless for any sickness, illness or death.
6. Clients will agree to the following procedures for in-person counseling sessions:
  - a. No one is to come for counseling with any illness or COVID19 symptoms or if they have been in contact with anyone who has tested positive for COVID19.
  - b. No one, other than those participating in therapy, will be allowed in the building.
  - c. Clients will send a text with their name and which therapist they have an appointment with to 713-306-7061 upon arrival and wait in their car until notified to enter the building for therapy. Arrangements will be made separately for those who attend sessions at the other Graceview Counseling Center satellite offices in Katy or The Woodlands.
  - d. Once entering the building, client’s will be asked to use hand sanitizer and have their temperature taken using a no-contact thermometer. Hand sanitizer will be provided.
  - e. All clients and therapists will be required to wear face coverings. Clients must bring their own face covering, we will not be able to provide any.
  - f. There will be no physical contact (handshakes, hugs, etc.) and a minimum of 6 feet distance maintained between clients and therapists. Painters tape will mark the distance.
  - g. Sessions will be strictly limited to 50 minutes to allow proper time between clients for cleaning, etc. Clients will exit the building after their session ends.
  - h. Payment using an on-file credit card is strongly preferred. Payment by check will accepted if credit card is not available. No cash will be accepted as payment at this time.
  - i. 24-hour notice is required for all cancellations except for illness or COVID19 symptoms. Any other no show/no call or late cancellation will be charged the full cancellation fee. This will be strictly enforced.

I agree to follow the COVID 19 policy and to meet in person for sessions. Please circle one: YES or NO

I agree to continue online sessions at this time. Please circle one: YES or NO

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_