

Lydia Mendoza, LCSW  
Licensed Clinical Social Worker, LCS#: 18013  
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**Addendum to Informed Consent for In-Person Psychotherapy  
Regarding Covid**

**I agree to the following with respect to in-person sessions regarding Covid**

I understand that masks are no longer required for in-person sessions.

I understand that I or my therapist have the option to request masks be worn for in-person sessions.

I will notify my therapist if I am experiencing any illness, particularly upper respiratory, and we will determine how best to proceed from there.

I will notify my therapist if I have tested positive for Covid or been exposed to Covid and we will determine how best to proceed from there.

**Changes to safety precautions**

I understand that these precautions may change with changes in state and federal guidelines or as is deemed necessary by my therapist.

**Client Consent**

I acknowledge that I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to and understand it. By signing this consent, I agree to undertake in-person sessions with Lydia Mendoza, LCSW with full knowledge of the responsibilities and risks.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date