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COVID-19 PRECAUTIONS

April 2023 version

In the aftermath of the Covid-19 epidemic, the County of San Diego issued directives requiring the use of protective face masks in healthcare facilities, including offices such as mine. As of April 2023, however, the county has lifted the requirement, so moving forward I will not ask you or other clients to wear a face mask when we meet in person. That said, I am more than willing to use a face mask should you or any other client have that preference, and I will continue to make face masks available in the office waiting area.

Of course, there is still reason to be concerned about the spread of Covid-19, so here are the steps I take and ask you to take in an effort to reduce the risks associated with meeting in person:

- I stay up-to-date with CDC recommended Covid-19 vaccinations, and request that you and any other client who meet with me in person be current as well.
- I will wear a face mask at your or any other client’s request.
- My office is arranged in such a way that I am at least six feet apart from my clients when I meet with them, and I keep an air purifier running nearby.
- There is generally a 30 minute gap between my appointments, and my waiting room isn’t shared with any other offices, so it’s unlikely that clients who come to my office will cross paths with others.
- It is my practice to undergo a Covid-19 PCR test after I travel, whenever I feel ill, and whenever I have reason to believe I may have been exposed to the virus.
- I do not meet in person with clients when I am experiencing any “cold” or “flu” or other symptoms associated with Covid-19, and I ask clients to reschedule appointments or meet via telehealth whenever they are experiencing such symptoms. Symptoms commonly associated with Covid-19 include:
 - Fever or chills
 - Cough
 - Shortness of breath
 - Difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

Print Name: _____

Signature: _____

Date: _____