

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all-future sessions. If there is a resurgence of the pandemic or if another health concern arises, however, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. The insurance companies and applicable laws, however, also determine reimbursement for telehealth services, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions, which will help keep everyone (you, me, our families, other providers and other clients) safer from exposure or sickness. If you do not choose to adhere to these safeguards, it may result in resuming or starting teletherapy. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free _____
- You will take your temperature prior to coming to each appointment. If it is 100 degrees F or more, or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using teletherapy. Please provide an adequate amount of time to cancel so that we may offer other client your appointment. _____
- You will wait in your car until no earlier than 5 minutes before our appointment or wait for my text or call. (your therapist will inform you which) _____
- You will use alcohol-based hand sanitizer when you enter the building _____
- You will adhere to the safe distancing precautions we have set up in the waiting room and my office space _____
- You will wear a mask in all common areas of the office _____
- You will keep a distance of 6 feet and there will be no physical contact _____
- Refrain from bringing anyone to the session that will not be participating in the session _____
- If you have a job that exposes you to other people who are infected, you will immediately make me aware _____

- If a resident of your home tests positive for the virus, you will immediately inform me and we will resume or begin teletherapy. _____

We may change the above precautions if additional local, state or federal orders or insurance guidelines are published. If this occurs, we will talk about any necessary changes.

Our Commitment to Minimize Exposure

Our practice has taken steps to reduce the risk of spreading coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have any questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, other providers, our families and me safe from the spread of the virus. If you present for an appointment and I believe that you are symptomatic, or I believe that you have been exposed, I will ask that you leave the office. We can follow up with services by teletherapy as appropriate.

If I or another provider tests positive for the virus, I will notify you so that you can take appropriate precautions.

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

Patient/Client

Date

Psychologist/Therapist

Date