

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) 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 other health concerns arise, 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. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, 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). This risk may increase if you travel by public transportation, cab or ridesharing service.

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, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement.

Initial each of the following to indicate that you understand and agree to these actions:

*You will only keep your in-person appointment if you are symptom free.____

*If you have symptoms of the coronavirus (fever, cough, shortness of breath, sore throat, body aches, chills, loss of taste or smell) or you have been in close contact with someone diagnosed with Covid-19, you agree to cancel the appointment or proceed to using telehealth. Please note, if you cancel for this reason, I will not charge you our normal cancellation fee.____

*You will wait in your car/outside until I text/call you to enter the building and come to my office.____

*You will use alcohol-based hand sanitizer when you enter the building/my office (this will be available at the entrance of the building and/or in my office).___

*You will wear a face covering upon entering the building. ___

*You will keep a distance of 6-feet from others. ___

*If you are bringing your child for his/her appointment, you will make sure that your child follows all of these sanitation and distancing protocols. ___

*If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth. ___

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about necessary changes.

MY COMMITMENT TO MINIMIZE EXPOSURE

My office has taken the following steps to reduce the risk of spreading the coronavirus within the office. Please let me know if you have questions about these efforts.

*Staggered appointment times to reduce the number of people in the office/common areas at one time.

*We practice safe distancing.

*Request client enter building after being contacted by therapist versus waiting in waiting area.

*Hand sanitizer available at each entrance of building, bathrooms and each office.

*Therapist will disinfect office in between clients and at end of each day.

*Therapists/clients to wear face covering in the building.

IF YOU OR I ARE SICK

You understand that I am committed to keeping you, me and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

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

Client _____ Date _____

Guardian for Client _____ Date _____

Therapist _____ Date _____

