

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 tele-health. If you have concerns about meeting through tele-health, 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 tele-health for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, tele-health services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for tele-health 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 ride sharing 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, and our families, [my other staff] 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 tele-health arrangement. 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 before coming to your appointment if you feel ill. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to notify me immediately to discuss changing your appointment to tele-health. If you are too ill to participate via tele-health, or if your health insurance policy will not cover a tele-health appointment, the appointment will be cancelled. The late cancellation fee will be waived in such an instance.
- You won't have anyone accompany you to your appointment unless I have agreed. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the office. ____
- Mask wearing in the waiting area is optional as is during your appointment; non-vaccinated persons are encouraged to wear masks. All staff have been vaccinated and are no-longer wearing masks in the office. If you feel uncomfortable sitting in the waiting room, you may wait in the hallway and notify your therapist via telephone that you've arrived.
- You will take steps between appointments to minimize your exposure to COVID. ____
- If you have a job that exposes you to other people who are infected, you will immediately let me know. ____
- 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 tele-health. ____

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

My Commitment to Minimize Exposure

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

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 tele-health as appropriate.

If I [or others in my office] test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

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.

Client

Date

Therapist

Date