



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

This document contains important information about the 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 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.

## 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 risks). 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, and our families, and other patients) 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. Each of the following statements must be adhered to at this time for us to continue with face to face sessions:

- You will only keep your in-person appointment if you are symptom-free.
- You will wash your hands or use an 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 testing/ therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- You will keep a distance of 6 feet, and there will be no physical contact with me.
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to COVID.

- If you have a job that exposes you to other infected people, you will immediately let me know.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will 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 and/or 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 any necessary changes.

**IF YOU OR I ARE SICK**

You understand that I am committed to keeping you, me, and all of our families safe from spreading 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 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. I will not go into any details about the reason(s) for our visits. By signing this form, you agree 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.

**Print Client Name:** \_\_\_\_\_

**Client/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_