



Informed Consent for In-Person Services During the COVID-19 Public Health Crisis

This document contains important information about our decision (yours and mine) to resume in-person services in the 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 our 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 need to discuss.

Risk 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, and our families, my other staff, 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. 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.
- If you have symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- You will wait in your car (or in a designated safer waiting area) outside until you receive a call from our office indicating that you may come in for our appointment.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to safe distancing precautions we have set up in the office.
- You will wear a mask in all areas of the office (I and my staff will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands with me or my staff).
- 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 a child for treatment, you will make sure that your child follows all of these sanitation and distancing protocols. You will not bring children unless they are directly involved in the treatment.

___ You will take steps between appointments to minimize your exposure to COVID-19.

___ If you have a job that exposes you to other people that are infected, you will immediately let me and my staff know.

___ If your commute or other responsibilities or activities put you in close contact with others (beyond your family) you will let me and my staff know.

___ If a resident of your home tests positive for the infection, you will immediately let me and my staff know and we will then 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.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus with 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, me, my staff, and all of our families safe from the spread of this virus. If you show up at an appointment and I or my office staff believe that you have a fever or other symptoms, or believe that 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 or my staff 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, local health authorities may need to be notified that you have been in the office. If I am contacted about this report, I will only provide the minimum information necessary for data collection and will not go into 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 agreement that we agreed to at the start of our work together. Your signature shows that you agree to these terms and conditions.

Patient/Client: _____ Date: _____

Parent/Guardian: _____ Date: _____

Psychotherapist: _____ Date: _____