



COVID-19 Informed Consent for In-Person Therapy

** Indicates a required field; please place initials after each paragraph*

* _____ I understand that this document contains important information about our decision (yours and mine) to resume in-person services considering the COVID-19 public health crisis. Please read this document 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 and Associated Risks:

We have agreed to meet in person for some or all future sessions. Know that by meeting face to face, we are both increasing the likelihood of unknowingly transmitting a virus between us. This document exists to outline how we will attempt to mitigate that risk; However, we cannot eliminate the possibility completely. Your signature on this document constitutes our understanding that we will hold each other harmless in the event either or us becomes ill, and that we understood the risk of meeting in person.

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. 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. You are ultimately responsible for payment and fees incurred for all completed telehealth and in-person therapy services.

* _____ Your Responsibility to Minimize Your Exposure: To obtain services in person, you agree to take certain precautions which will help keep everyone safe from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our return to a Telehealth arrangement. Your initials and signature are your agreement to these actions: 1. You will only keep your in-person appointment if you are symptom free. 2. You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, or other symptoms of illness, you agree to cancel the appointment or proceed using telehealth. I won't charge you our normal cancellation fee. 3. You will let me know if you have been exposed to COVID19 or test positive, so that we can make appropriate arrangements to return to telehealth. 4. You have the option to wait in your vehicle until your appointment time (safest option); you may opt to be seated in the front waiting area at 6-feet from other clients. In the case there is no seating option in the waiting area, you may wait in your vehicle until the appointment time. 5. It is required to wear a mask in all areas of the office until masks are no longer required by state and federal mandates during COVID-19 Phases of Mitigation; you may discuss with your therapist wearing of masks while participating



in in-person sessions. For your safety you are entitled for self and therapist to wear mask during entirety of in-person session, please discuss with therapist. 6. It is agreed upon that you will keep a 6-foot distance as well as no physical contact with staff or other clients (e.g., no shaking hands). 7. You agree to attempt to not touch eyes or face as much as possible during your stay and wash hands with antibacterial soap. This is provided for you. 8. If you are bringing your child, you will make sure that your child follows all these sanitation and distancing protocols. 9. You will take steps between appointments to minimize your exposure to COVID. 10. If a resident of your home tests positive for the infection, or you are notified that you have been exposed to the virus, 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 any necessary changes.

Our Commitment to Minimize Exposure:

We have taken steps to reduce the risk of spreading the coronavirus within the office. You also are entitled to know that we will do the following to limit your risk to exposure to the virus:

- Take my temperature before coming to office every day
- Beverage Counter and all magazines removed during mitigations.
- Provide masks should you forget yours
- Provide at least 60% alcohol-based hand sanitizer for your use while at our counseling facility.
- Wearing my own mask
- Increased cleaning of common and high-touch areas in between sessions
- Staggered in-person sessions to decrease in person contact and transmission
- Touchless credit payment options so that I do not touch your credit card. Checks and cash will still be accepted, and we can discuss process in session.

Please let me know if you have questions about these efforts.

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 must 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/Legal Guardian Signature: _____ Date: _____

Witness: _____ Date: _____