



## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PANDEMIC

This document contains important information about our mutual decision to resume in person services. Please read this carefully and let me know if you have any questions. When you sign this document, it will become a contract between us.

### Decision to Meet Face-to-Face

The decision to meet in person will be made on a case-by-case basis, and we will discuss this in session. You can choose to return to telehealth sessions as needed anytime during our work together.

**If you wish to change your appointment from in person to telehealth (or vice versa), I require that you give me at least 24 hours' notice. Changes of venue made within 24 hours of the session time will be charged a \$50 fee.**

If there is a resurgence of the pandemic or if other health concerns arise, we may need to return to telehealth temporarily for everyone's well-being. You will be informed of this as far ahead as possible.

### 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 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 as safe as possible from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in our starting or returning to a telehealth arrangement. By signing this document, you agree to the following conditions:

- You will be honest with your therapist about your health and vaccination status.
- You will only keep your in-person appointment if you are **symptom free**.
- You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. Please **maintain a distance of at least six feet** from all other people in the waiting area.
- You will wear a mask in all areas of the office that are not the therapy room, when health ordinances require.
- If you are bringing a child, you will make sure that your child follows all of these sanitation and distancing protocols.
- You will minimize your exposure to COVID-19 between in person appointments.
- If you are exposed to anyone who is infected or **if you find out you have contracted COVID-19, you will immediately let me know and I will do the same for you.**

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 as far in advance as possible.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, and all of our loved ones 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 follow appropriate CDC guidance. I will immediately return to virtual sessions and will only resume seeing clients in person when my medical provider advises me it is safe to do so.

**My Commitment to Minimizing Exposure**

I have taken steps to reduce the risk of spreading the coronavirus and have posted these efforts in the office. These include:

- Office seating in the waiting room and in therapy rooms has been arranged for appropriate physical distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the waiting room.
- Physical contact is not permitted at this time (even though I am very excited to see you in person!).
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- HEPA filters are being used in the therapy office and common areas.
- Everyone working in our office has been fully vaccinated against COVID-19.

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 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 document supplements the general informed consent/business agreement that we both signed at the start of our therapeutic relationship.

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

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

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