



*The Woodlands Family Counseling Center
33300 Egypt Lane Suite I-420
Magnolia, TX 77354
(936) 463-8185*

Informed Consent for Services During the Current COVID-19 Pandemic Resurgence

CLIENT FIRST NAME	CLIENT MIDDLE NAME	CLIENT LAST NAME
EMERGENCY CONTACT		
NAME	PHONE	RELATIONSHIP

This document contains important information about our operating protocol during the resurgence 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. This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services. Please carefully read the information below and initial next to each section indicating you understand the information provided.

DECISION TO MEET FACE-TO-FACE

**Initial
Here**

We have agreed to meet in person for some or all future sessions. Due to the current resurgence of the pandemic, 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.

Initial Here	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 also need to discuss.
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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).
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IF YOU OR I ARE SICK

Initial Here	<p>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 telehealth as appropriate.</p> <p>If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.</p>
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YOUR RESPONSIBILITY TO MINIMIZE YOUR EXPOSURE

	<p>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.</p> <ul style="list-style-type: none"> • You will only keep your in-person appointment if you are symptom free.
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<hr/> Initial Here	<ul style="list-style-type: none"> • 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, you agree to conduct our sessions using Telehealth. • You will wait in your car or outside until our appointment time. • You will wear a face mask from the time you enter the Counseling Center until you leave. It will only be with agreement of both you and I if we may remove our face masks during your session in my office. • Masks must be worn at all times in the lobby, reception and bathroom areas. • You will wash your hands or use alcohol-based hand sanitizer when you enter the building. • You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. • 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 telehealth. • If your child is our client, please make sure that your child follows all these sanitation and distancing protocols. • During this time, the WAITING ROOM IS CLOSED. We will have chairs available in the breezeway. • As a reminder, please do not leave children under 13 unattended. <p>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.</p>
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MY COMMITMENT TO MINIMIZE EXPOSURE	
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<hr/> Initial Here	<p>My practice has taken steps to reduce the risk of spreading the coronavirus within the office. I will follow all of the above ways to minimize exposure. I will also maintain a clean office and spray disinfectant between each client. I will make sure to end sessions on time (sessions are 50 minutes in length).</p>
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The ten minutes between clients allows me to take these actions. 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.

**Initial
Here**

ACKNOWLEDGEMENT

I have read and understand the information provided above regarding the resumption of in-person services during/after the COVID-19 health crisis, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to participate in the use of In-Person Services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Client Name

Signature of Client (or Guardian)

Date