

# **Torrey Commisso, LPCC #7733**

Licensed Professional Clinical Counselor

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

This document contains important information about our decision (yours and mine) 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 tele-health. If you have concerns about meeting through tele-health, 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 tele-health for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, tele-health 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 risk). This risk may increase if you travel by public transportation, cab, or ride-sharing service.

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure.

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. \_\_\_\_
- Your temperature will be taken prior to entering my office. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using tele-health. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. \_\_\_\_
- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. \_\_\_\_
- You will wash your hands or use 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 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 (shaking hands or hugging) 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. \_\_\_\_\_
- No children are allowed in the office. Please, make childcare arrangements. \_\_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then resume treatment via tele-health. \_\_\_\_\_

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 within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

I will have to require you to leave the office immediately. We can follow up with services by tele-health as appropriate. If you test positive, please, let me know.

**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 agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

By signing this document, you release, Debbie Powers, LMFT of any liability, if you contact COVID-19 on the property of 34092 Violet Lantern, Dana Point, CA 92629.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Torrey Commisso, LPCC

\_\_\_\_\_  
Date

[Below is a sample notice to post in the office / on your website. Customize for your practice.]

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## **Office Safety Precautions in Effect During the Pandemic**

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My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

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- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- My staff and I wear masks.
- My staff maintains safe 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 therapy/testing rooms, the waiting room and at the reception counter.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.