

Wellspring Clinical Associates

Informed consent for return to in person services during the COVID Public Health Crisis

This document reviews important information about the return to in person services at Wellspring Clinical Associates (WCA). Please read this carefully and sign. A copy of this document is available on our website at www.wca-il.com.

I _____ have agreed to return to meeting in person with my provider. I have agreed for my minor _____ to meet if I am their legal guardian. *Please initial each small line and sign at the bottom of the document.*

_____ I understand that there are inherent risks in the return to in person services including but not limited to becoming infected with the COVID-19 virus or other communicable disease. I understand that WCA will make every effort to mitigate this risk, but unforeseen events including, but not limited to, spread from asymptomatic carriers may occur. Despite the potential for unforeseen contact and potential exposure, I agree to this in person meeting.

_____ I understand that if I am not comfortable with return to in person services I may elect to continue with Tele (video) health sessions. While WCA will work to verify my coverage, I understand that these services may not continue to be covered by my health carrier. I understand that I am responsible for verifying this coverage, and for full payment of non-covered services rendered should I choose this option.

_____ I understand that WCA has made reasonable and prudent efforts to limit the spread of infectious agents in the office. These points are included below:

- I understand that the waiting room is closed at WCA, and I am asked to wait for my appointment in my car. My therapist will get me and bring me directly to their office at the appropriate time.
- I understand that only myself or myself and minor should come to the appointment, and all other family members should stay home.
- I understand and agree to practice social distancing including staying six feet from the nearest non-family member and wearing a mask at all times in the office.
- I understand that I should not come to my appointment in person if I have been ill in the last two weeks or currently, or have had or currently have a fever above 100 degrees.
- I understand that WCA staff may take my temperature and ask me to leave if I have a fever.
- I understand to use hand sanitizer prior to my appointment and to refrain from using the WCA bathrooms unless absolutely necessary.
- I agree to notify staff if I have used the bathroom or it appears in need of service.

- I understand to inform staff at WCA if myself or anyone I have been in contact with tests positive for the COVID-19 virus.
- I understand and agree that WCA will contact local health authorities in this situation and will provide only the minimal information necessary for public health.

I understand and agree to see my provider in person given all information noted above. I understand and agree that this supplements our initial informed consent or any others on file in the WCA office.

Client (if 12 years of age or older)

Date

Guardian

Date

Witness

Date