# Informed Consent for In-Person Services During the 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 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, 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.

### Risks of Opting-In 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 ridesharing service.

#### Your Responsibility to Minimize Your Exposure:

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and others within this space) 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.

You understand and agree to these actions:

- 1. You will only keep your in-person appointment if you are symptom free and/or have not being exposed to someone with COVID-19. If you are feeling ill, you agree to cancel, reschedule and/or schedule a telehealth appointment in lieu of an in-person appointment.
- 2. You will wait in your car (recommended) or outside or in the waiting room no more than 15 minutes before your scheduled appointment. Please note the waiting room is a shared space among all offices in the building which may or may not have any COVID-19 safety precautions.
- 3. You will adhere to safe distancing precautions in the waiting room.
- 4. You will wear a mask in all areas of the office.
- 5. You will use alcohol-based hand sanitizer when you enter the office.

6. If you are bringing your child, you will make sure that your child follows the same guidelines, as appropriate by age/developmental level. Preferably children will not attend your appointment, and if they do, this must be discussed and agreed upon with your therapist prior to your scheduled session.

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 COVID-19 within my office; alcohol-based sanitizer and disposable masks are provided if requested. Please let me know if you have questions about these efforts. Please know that I am fully vaccinated. At the same time, I will continue to follow all guidelines recommended by the CDC and local health departments. If I test positive for COVID-19, I will notify you so that you can take appropriate precautions.

## Your Confidentiality in the Case of Infection:

If you have tested positive for COVID-19, 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 agree/agreed to at the start of our work together. Your signature below shows that you agree to these terms and conditions.