

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

This document contains important information regarding our official agreement (yours and mine) to have in-person services despite the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions.

Decision to Meet Face-to-Face

We have agreed to meet in person and have the option to meet via telehealth if either of us believes it is in our best interest. If you have concerns about meeting through telehealth, we will discuss them and try to address your issues.

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 ridesharing service.

Your Responsibility to Minimize Exposure

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. Initial each item to indicate that you understand and agree to these actions:

- _____ • You will only keep your in-person appointment if you are symptom free from communicable disease.
- _____ • If you have symptoms of the coronavirus, or a temperature over 100.0° Fahrenheit, you agree to cancel the appointment (no cancellation fees apply) or proceed using telehealth.
- _____ • You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- _____ • 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.

What We Will Do:

- We will maintain 6 ft of distance for appropriate social distancing measures
- We will provide hand sanitizer for your convenience and ours
- Any and all equipment will be wiped down before and after your session

If You or I Are Sick

You understand that I am committed to protecting you, me, and our families from the spread of this virus where possible. 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 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 take appropriate precautions.

Your Confidentiality in the Case of Infection

If either of us 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 share any details about the purpose of 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.

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

Patient/Client

Date

Counselor

Date