**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. By reading this document, and signing your initial intake form which references this consent, 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 teletherapy. If you have concerns about meeting through teletherapy, 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 teletherapy for everyone’s well-being.

If you decide at any time that you would feel safer staying with, or returning to, teletherapy services, I will respect that decision, as long as it is feasible and clinically appropriate.Reimbursement for teletherapy 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 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, our families, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a teletherapy arrangement.

You will only keep your in-person appointment if you are symptom free.

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 cancel the appointment or proceed using teletherapy.  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 until no earlier than 5 minutes before our appointment time.

You will wash your hands or use alcohol-based hand sanitizer prior to entering the building.

You will adhere to the safe distancing precautions we have set up in the waiting 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 may wear a face shield or mask as well.

You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) 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.

If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.

You will take steps between appointments to minimize your exposure to COVID.

If you have a job that exposes you to other people who are infected, you will immediately let me know.

If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know.

If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin or resume treatment via teletherapy.

I may change the above precautions if additional local, Florida 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 to maintain a safe and healthy environment. We have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.  We are not liable if you contract Coronavirus, and you agree to hold harmless Mary Craven.

**If You or I Are Sick**

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 teletherapy as appropriate. I may ask that I take your temperature with a thermoscan thermometer.

 If I test positive for the coronavirus, you will be notified so that you can take appropriate precautions.

**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 reading and signing your initial intake consent form, you are agreeing that I may do so without an additional signed release.

My signature on the initial intake consent form with Mary Craven reflects that I have been informed about the policies and procedures for In-Person Services during the COVID-19 Public Health Crisis, and I agree to them.