



LIGHTHOUSE COUNSELING SERVICES, PLLC

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 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 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 (you, the employees of Lighthouse Counseling Services, our families, other patients and the community) 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.

- You will only keep your in-person appointment if you are symptom free (fever, loss of taste or smell, coughing or difficulties breathing.)
- You agree to having your temperature taken as you enter the office. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to reschedule the appointment or proceed using telehealth.
- The client may be dropped off no more than 5 minutes before their session and be picked up after their session.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the suite.



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- If you have a job where someone may have been 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 us know.
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then resume treatment via telehealth.
- If you have traveled outside of the Country, you will be asked to participate in your sessions via Telehealth Services for the two weeks following your return.

Lighthouse Counseling Services may change the above precautions if additional local, state or federal orders or guidelines are published.

My Commitment to Minimize Exposure

Lighthouse Counseling Services 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

You understand that I am committed to keeping you, me, the other employees at Lighthouse Counseling Services, the community and all of our families safe from the spread of this virus. If you show up for an appointment and I, or the office staff, 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 telehealth as appropriate.

If any employee at Lighthouse Counseling Services, test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

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/Guardian

Date

Patient/Guardian

Date



LIGHTHOUSE COUNSELING SERVICES, PLLC

Therapist

Date

Supervisor (if applicable)

Date