

### **Consent for Returning to In-Person Psychological Services**

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully and let me know if you have any questions.

As a way to mitigate the risk of exposure to COVID-19, I have transitioned to providing most services via video or phone. This reduces the potential exposure to COVID-19. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s):

- Insufficient privacy for effective teletherapy sessions
- Insufficient access to technology for effective teletherapy sessions
- Other:

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

In order for us to return to in-person services, the following protocols must be followed:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
- We will both wear face coverings or masks while in the office.
- Hand sanitizer will be provided at the office entrance and must be used upon entering the office.
- You will be asked to arrive no earlier than 5 minutes before your appointment start time and to spend no more than 5 minutes in the waiting room.
- We both agree to have teletherapy instead of in-person sessions in the following cases:  
Either of us has a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19.

Either of us has been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks.

Either of us or someone we live with is awaiting the results of a COVID test.

As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us tests positive or shows signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

I remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in my office. Despite my careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in my office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date