**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, 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. This risk may increase if you travel to appointments by public transportation, cab, or ridesharing service.

**YOUR RESPONSIBULITY TO MINIMIZE YOUR EXPOSURE**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, my staff, and other patients) safer from exposure, sickness, and possible death. We are trying to do everything to keep everyone safe. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement. Initial next to each one to indicate that you understand and agree to these actions:

* 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), you agree to cancel your appointment or proceed using telehealth. If you wish to cancel for this reason, I won’t charge you our normal cancellation fee. \_\_\_\_\_\_\_
* You will cancel your appointment if you have other symptoms of the coronavirus such as persistent cough, loss of smell or taste, nausea or vomiting, diarrhea, tightness in the chest, difficulty breathing, chills, congestion or runny nose, sore throat, muscle or body aches, and/or extreme fatigue. \_\_\_\_\_\_\_\_
* We ask that you observe proper cough and sneeze etiquette. We ask that you cough or sneeze into your elbow or tissue. \_\_\_\_\_
* You will wait in your car until we come to get you or signal for you to come to the front door. You will proceed directly to the therapy room. \_\_\_\_\_\_\_\_
* You will wash your hands or use alcohol-based hand sanitizer when you enter the building as well as when you leave the building. \_\_\_\_\_\_
* You will adhere to safe distancing precautions we have set up in the therapy room. \_\_\_\_\_\_
* You will wear a mask in all areas of the office. I and my staff will too. If you do not have a mask, we will provide one. \_\_\_\_\_\_
* You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands, no hugs) with me or staff. \_\_\_\_\_
* 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 the sanitation and distancing protocols and wears a mask. \_\_\_\_\_\_
* You will take steps between appointments to minimize your exposure to COVID-19. \_\_\_\_\_\_\_
* If you have a job that exposes you to other people who are infected, you will immediately let me and my staff know. \_\_\_\_\_\_
* If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me and my staff know. \_\_\_\_\_
* If a resident of your home tests positive for the infection, you will immediately let me and my staff know and we will then begin or resume via telehealth. \_\_\_\_\_\_
* If you travel anywhere out of state you will let me and my staff know where you traveled and by what method of transportation. Depending on your travel location, we may ask you to do telehealth for two weeks (14 days) upon return from your travel, before resuming in-office visits. \_\_\_\_\_\_
* If you are caring for an ill or elderly person you will let me and my staff know. We may decide to start/return to telehealth for the safety of the person for whom you are caring. \_\_\_\_\_

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about the necessary changes.

**OUR COMMITMENT TO MINIMIZE EXPOSURE**

Our practice 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 any questions about these efforts.

These are some of the things we are doing to prevent the spread of the coronavirus:

* No one is waiting in the waiting room. Clients are asked to wait in their cars until their therapist comes out to get them or signals them to come in.
* To decrease possible exposure we will open all doors into and out of the building and therapy offices for you while you are entering and leaving.
* We are staggering the start time of psychotherapy sessions to decrease the chance of clients coming into close contact in the hallways.
* My staff and I will wear masks.
* My staff and I will maintain safe distancing.
* Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
* Hand sanitizer that contains at least 60% alcohol is available in the therapy rooms and the reception counter.
* Therapy furniture will be covered with protective coverings. Therapy rooms will be wiped and disinfected after every client.
* Pens and other areas that are commonly touched are thoroughly sanitized after each use.
* Physical contact is not permitted.
* Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
* The bathroom and other common areas, as well as door knobs and handles will be thoroughly disinfected multiple times daily.
* Weather permitting, we will open the windows as often as possible to air out the therapy rooms.
* We ask that if you are paying by check, please make the check out prior to coming to your session and place your check in the receptacle in your therapist’s office. If you are paying by cash, we respectfully ask that you have the exact amount so that we do not have to make change.

**IF YOU OR I ARE SICK**

You understand that I/We are committed to keeping you, me, my staff and all of our families safe from the spread of the virus. If you show up for your appointment and I or my office staff believe that have a fever or other symptoms, or believe you have been exposed, I/We will require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I or my staff test positive for the coronavirus, I will notify you 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 sessions. By signing this form, you are agreeing that I may do so without 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.

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Patient/Client/Parent/Guardian Date

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LICSW/Clinical Psychologist Date