

**INFORMED CONSENT FOR IN-PERSON SERVICES**

**DURING COVID-19 PUBLIC HEALTH CRISIS**

**Office Agreement**

You are agreeing to services being provided at a physical office space instead, of, or in addition to, telehealth. There are risks and benefits to receiving services in person during this time. Personal information related to COVID-19 that is withheld may be relevant and can impact others and yourself.

**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 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, and our families, [my other staff] 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 telehealth arrangement. Initial each 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), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, our normal cancellation fee may be waived. \_\_\_\_\_\_\_\_\_

• You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. \_\_\_\_\_\_\_\_\_\_\_

• You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_\_\_\_\_\_\_

• You will adhere to the safe distancing precautions we have set up in the therapy room. For example, you won’t move chairs or sit where we have signs asking you not to sit.\_\_\_\_\_\_\_\_\_

• You are encouraged to wear a mask however if you decline you understand there is increased risk of exposure \_\_\_\_\_\_\_\_\_\_\_\_\_

• You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) 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 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 [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] resume treatment via telehealth.\_\_\_\_\_\_\_\_\_\_\_\_

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

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**My Commitment to Minimize Exposure**

My 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 questions about these efforts.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, [my staff] and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my 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 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 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.

**Acknowledgement**

I acknowledge there is a risk of exposure to COVID-19 and other communicable diseases by receiving services in-clinic. I understand this means I may contract COVID-19 even with the environmental procedures that are in place for me to receive services in the clinic. I acknowledge that Conscious Healing Counseling Inc is not able to control all air particles, or other factors involving transmissions



and cannot predict if COVID-19 is present or not. I acknowledge that Conscious Healing Counseling, Inc. is doing the best they can in prevention to the best of their abilities for me to receive services in clinic. This consent may change due to the fluid nature of the current situation. Therefore, any changes in state or pandemic declarations that impact this consent may be added and I if so will be asked to review and re-sign this consent form. This consent lasts for one year, unless changes in Conscious Healing Counseling, Inc. policies change.

**Minors**

Parents and/or legal guardians will need to provide consent for minors to receive in clinic services. This is done by signing this.

By signing below, I received and had a conversation about service. I understand and consent to receiving services in the clinic that is provided by Conscious Healing Counseling. I agreed to the term of service contained in this document

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Patient/Client Date

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Therapist Date