



INFORMED CONSENT FOR IN-PERSON COUNSELING DURING COVID-19 PANDEMIC

(7/30/21)

This document contains important information about our decision (yours and mine) to have in-person sessions in light of the COVID-19 situation. 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, 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. If you decide at any time that you would feel safer using telehealth services, or seeing another therapist with different protocols I will respect your decision

Risks of Opting for In-Person Services

Please 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 travelling 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, and other patients) safer from exposure, sickness and possible death. If these safeguards are not adhered to, it may result in our starting / returning to a telehealth arrangement. **Initial each** to indicate understanding and agreement:

- If you have a fever (100 Fahrenheit or more), or if other symptoms of the coronavirus exist, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for **this** reason, I won't charge a cancellation fee. **_____**
- I will meet you at the back, exterior building door to let you in for our appointment. **_____**
- Safe distancing (6') from everyone is required while in the building. **_____**
- Masks are required for all guests / clients upon entering the building. **_____**
- Masks will be required in my office unless you have been vaccinated or confirmed antibodies. **_____**
- We will maintain 6' social distance and avoid physical contact (e.g. no shaking hands). **_____**
- If you have a job that exposes you to people who **are** infected, 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] 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.

My Commitment to Minimize Exposure

I have been fully vaccinated (received second dose on 2/27/21). I will also not allow clients to come in person unless they agree to the terms and conditions of this agreement.

If You or I Are Sick

Please understand that I am committed to keeping you, me, and our families safe from the spread of this virus. If I have a fever or other coronavirus symptoms I will suspend in-person sessions for at least 10 days and 3 days past any symptoms (per most recent CDC guidelines). If I test positive for the coronavirus, I will certainly try to notify you if I am able so that you can take appropriate actions. Please let me know if you have questions about these efforts.

If you show up for an appointment and I believe you have a fever or other symptoms, or believe you have been exposed, I will require immediate cessation of visit. We can follow up with services by telehealth as appropriate.

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 made at the start of our work together.

Your **dated signature below** confirms that you agree to these terms and conditions.

Client

Date