

Patient Name: _____

DOB: _____

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

This document contains important information about you and your therapist's decision to start or resume in-person sessions during the COVID-19 pandemic. Please read this, initial the blanks, and sign at the bottom. Let your therapist know if you have any questions.

Decision to Meet Face-to-Face

You and your therapist have agreed to meet in person for some or all future sessions. However, if there is a resurgence of the pandemic or if other health concerns arise your therapist may require that you resume sessions via telehealth. If you have concerns about meeting through telehealth, you and your therapist will talk about it first and try to address any issues. You understand that, if your therapist believes it is necessary, sessions will return to telehealth for everyone's well-being.

If you decide at any time throughout this pandemic that you would feel safer staying with, or returning to telehealth services, your therapist will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is also determined by your insurance company and applicable law, so that is an issue we will also discuss.

Risks of Opting for In-Person Services

You understand that coming to the office you are assuming the risk of exposure to COVID-19.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, your therapist, and other patients) safe from exposure. If you are not able to adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

Please initial each to indicate you understand and agree to these actions:

- _____ You agree to only keep your in-person appointment if you are symptom free.
- _____ You agree to take your temperature before coming to each appointment. If it is elevated (100 degrees Fahrenheit or more), or if you have other symptoms of COVID-19 per the CDC guidelines (cough, sore throat, loss of taste or smell, etc.), you agree to cancel your appointment or proceed using telehealth. If you cancel for this reason, there will be no cancellation fee.
- _____ Our waiting room is temporarily closed. You agree to wait in your car or outside the building for all sessions until your therapist comes to the front door to let you into the building.
- _____ We ask you not to bring any extra people, including children, to your session.
- _____ You agree to wash your hands/use alcohol-based hand sanitizer when you enter the building.
- _____ Due to face mask requirements you agree to wear a mask in all areas of the office.
- _____ You agree to keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with your therapist or other staff.
- _____ If you are bringing your child to therapy, you agree to either be in session or wait outside the building until your child's session is complete. (Please write N/A if this doesn't apply to you.)

- _____ If you have a job that exposes you to other people who are infected, you agree to let your therapist know.
- _____ If you travel out of state, you agree to let your therapist know.
- _____ If you are under quarantine for any reason (exposure, travel, or if you have taken a test, etc.) you agree to let your therapist know, and we will resume telehealth sessions until your quarantine is complete.
- _____ If a resident of your home tests positive for COVID-19, you agree to let your therapist know, and we will resume telehealth sessions until your quarantine is complete.

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

The Rock Counseling’s Commitment to Minimize Exposure

The Rock Counseling has taken steps to reduce the risk of spreading COVID-19 within the office and we have posted our efforts on our website and in the office. We will be disinfecting common areas and individual offices throughout the day and we have hand sanitizer and masks available for all clients and staff. Please let me know if you have questions about these efforts.

If You or Your Therapist Are Sick

You understand that your therapist is committed to keeping you and everyone in the office safe from the spread of this virus. If you show up for an appointment and your therapist or the office staff, believe you have a fever or other symptoms identified by the CDC, or believe you have been exposed to COVID-19, your therapist will have to ask you to leave the office. We can follow up with services by telehealth as appropriate. If your therapist tests positive for COVID-19, you will immediately be notified so you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, your therapist may be required to notify local health authorities that you have been in the office. If your therapist has to report this, she will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your sessions. By signing this form, you are agreeing that your therapist may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent we agreed to at the start of our sessions. Your signature below shows that you agree to these terms and conditions.

Patient/Client

Date

Therapist

Date