



## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING 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, 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.

### **Responsibility to Minimize Our Exposure**

To obtain services in person, we agree to take certain precautions which will help keep everyone (you, me, and our families, my staff and other patients) safer from exposure and illness. 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 wait in your car or outside (at least 6 feet away from others) until our office staff notifies you that you may enter the building. \_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the office. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- You will wear a mask in all common areas of the office. \_\_\_\_
- 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 take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If a resident of your home tests positive for the infection or you have knowingly been exposed to COVID, you will immediately let me and my staff know and we will then resume future appointments via telehealth as appropriate. \_\_\_\_

Our office 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.

**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 are physically ill. 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.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date



## **Office Safety Precautions in Effect during the Pandemic**

Our office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

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- Office seating in the waiting room and in therapy rooms has been arranged for appropriate physical distancing.
- Our staff and I wear masks in common areas.
- Our staff maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- We ask all patients to wait in their cars or outside until notified that they may enter the building for an appointment.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.