

## INFORMED CONSENT FOR IN-PERSON COUNSELING SERVICES DURING THE COVID-19 PUBLIC HEALTH CRISIS

**In-person counseling sessions will be offered beginning 5/2/2022 to those individuals who are fully vaccinated and who have uploaded a copy of their vaccination card to the client portal prior to their first in-person session.**

**If you are not vaccinated, do not wish to share this information, and/or do not wish to provide proof of vaccination, you may start/continue telehealth counseling sessions OR if you wish to start/continue in-person counseling sessions, you will be required to wear a mask and I will wear a mask during your in-person appointment as well.**

This document contains important information about our decision (yours and mine) to begin/resume in-person counseling sessions in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about.

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. **However, if there is a resurgence of the pandemic or if other health concerns arise, I may require masks for everyone who meets in-person OR 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 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 is also determined by the insurance companies and applicable law, so we will discuss any financial implications if needed.

### **Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 or other public health risks. This risk may increase if you travel by public transportation, cab, or ridesharing service.

### **COVID-19 Symptoms**

According to the CDC, individuals with COVID-19 may have a wide range of symptoms ranging from mild symptoms to more severe illness. Symptoms may appear 2-14 days after exposure to the virus. Individuals with the following symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, as well as 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. By signing the document below, you agree to the following actions:

- **If I am vaccinated, I will provide proof of my vaccination status by uploading my vaccination card into my client portal in order to start/resume in-person appointments.**
- **If I am not vaccinated, do not wish to share this information, and/or do not wish to provide proof of vaccination, I will communicate with my clinician that I intend to start/continue telehealth appointments or that I intend to start/continue in-person sessions and understand that I will be required to wear a mask during my in-person sessions.**
- I will only keep my in-person appointment if I am symptom free.
- I will only keep my in-person appointment if I have been fever free for a minimum of 7 days prior to my appointment.
- I will cancel my appointment or request a telehealth appointment if I have been in contact or suspect that I have been in contact with someone who has tested positive for COVID-19 within the last 7 days.
- I will cancel my appointment or request a telehealth appointment if I am awaiting my COVID-19 test results.
- I understand that Late Cancellation/No Show fees may apply, though I understand that my clinician will make every effort to reschedule my appointment during the same week should I cancel due to illness/COVID-19 symptoms, if I have been in contact or suspect that I have been in contact with someone who has tested positive for COVID-19, or if I am awaiting my COVID-19 test results.
- I will take my temperature before coming to each in-person session. If it is elevated (100 degrees Fahrenheit or more), or if I have other symptoms of COVID-19, I agree to cancel my in-person session or proceed with a telehealth appointment.
- I will use alcohol-based hand sanitizer when I enter the therapy office for my in-person session.
- I will do my best to keep a distance of 3-6 feet from my clinician.
- I will take steps between appointments to minimize my exposure to COVID-19.
- If I have a job that exposes me to other people who are infected, I will immediately let my clinician know.
- If a resident of my home tests positive for COVID-19, I will immediately let my clinician 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**

The following are protective measures I have provided or have taken to promote personal hygiene and therefore reduce the risk of spreading COVID-19 or other sicknesses in my therapy office:

- Hand sanitizer that contains at least 60% alcohol
- Disinfecting wipes for cleaning surfaces
- Disposable face masks, if needed
- Facial tissues
- No-touch hand soap and trash can as well as disposable paper towels in the bathroom facility
- 3-6 feet of distance between the clinician and client seating

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, and our families safe from the spread of COVID-19 and other sicknesses. If you show up for an appointment and I have reasonable suspicion that you have a fever or other symptoms, or I have reasonable suspicion that you have been exposed to COVID-19, I will have to require you to either wear a mask for your appointment or leave the office immediately. We can follow up with telehealth services as appropriate.

If I test positive for COVID-19, I will notify you so that you can take appropriate precautions and we will begin telehealth sessions at this time. If I am experiencing any symptoms of COVID-19, I will notify you of this and will either wear a mask if you would like to keep your in-person appointment, or we will follow up with telehealth services as appropriate.

### **Informed Consent**

This agreement supplements the general Informed Consent for Counseling Services that we agreed to at the start of our work together.

By signing this document, I agree to these terms and conditions.