

## INFORMED CONSENT FOR SERVICES DURING COVID-19

### 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).

### Your Responsibility as a Client to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone safe 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. If you have any symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. \_\_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. \_\_\_\_\_
- 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]. \_\_\_\_\_
- If you are bringing your child, you will make sure that your child follows all of the sanitation and distancing protocols. \_\_\_\_\_
- You will not bring anyone who is not directly involved in the session to wait in the waiting room. \_\_\_\_\_
- If you feel uncomfortable waiting in the waiting room you can wait in your car, or in the hallway, but you agree to notify the staff, by coming into the office and then returning to your car/the hallway, or notify myself by leaving me a message on my specific voicemail, **not the staff voicemail**, that you have arrived; where you are waiting and your cell phone number. \_\_\_\_\_
- If you test positive for coronavirus, or are exposed to other people who are infected, you will immediately let me [and my staff] know. \_\_\_\_\_

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 as your Clinician 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, myself [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 signature below shows that you agree to these terms and conditions.

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Client/Legal Guardian Printed Name

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Client/Legal Guardian Signature

Date

## **Telehealth Sessions**

Telehealth sessions are therapy appointments that occur over the phone or through video chat. Consent for telehealth can be withdrawn at any time. All confidentiality rules and exceptions also apply to telehealth. There will be no recording of telehealth sessions by either party.

## **Risks of Opting for Telehealth Sessions**

There are risks, benefits, and consequences associated with telehealth, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

## **Responsibilities During Telehealth Sessions**

Technical difficulties can occur during telehealth sessions resulting in interruptions in service. To prevent technical difficulties, try to be in a place where you receive a strong phone or internet signal. Should interruptions occur during a video chat session we will both sign out and sign back in to see if that resolves the problem. If the problem persists, I will call you and we can decide if we will continue by phone or if we will reschedule the session for another time.

Should it be determined that a higher level of care is necessary, or that telehealth is no longer appropriate for treatment, recommendations will be made for the appropriate level of care and telehealth sessions will be discontinued.

## **In Case of Emergency**

If an emergency arises, I may need to contact your designated emergency contact person and/or appropriate authorities in order to ensure your safety. You will provide your location at the beginning of every telehealth session.

You will also provide the name and contact information for a person that can be contacted in the event of a life-threatening emergency. This person will only be contacted and asked to go to your location and/or bring you to the hospital in the event of an emergency.

Emergency Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Client/Legal Guardian Printed Name

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date