



## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 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.

### **The 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 virus or if other health concerns arise, however, Insight Treatment Services may require that we meet via telehealth. If you have concerns about meeting through teletherapy, we will talk about it first and try to address any issues.

If you decide at any time that you would feel safer staying with, or returning to, teletherapy services, we will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for teletherapy 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 another public health risk).

### **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, and other clients) safer from exposure, sickness, and possible death. As the public health crisis evolves addendums to this policy will be communicated to you.

- You will only keep your in-person appointment if you are symptom-free.
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will wear a mask in all 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.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to COVID.
- If you have a job that exposes you to other people who are infected, you will immediately let me know.
- If you were informed that you may have had contact with someone who has tested positive, 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 or resume treatment via telehealth.

We 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**

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let us know if you have questions about these efforts.

**If You or I Are Sick**

You understand that we are committed to keeping you, us, and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If we test positive for the coronavirus, we 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, we may be required to notify local health authorities that you have been in the office. If we have to report this, we 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 we may do so without an additional signed release.

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