



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

This document contains important information about the decision between therapist and client to resume in-person services considering the COVID-19 public health crisis.

Decision to Meet Face-to-Face

Both therapist and client have agreed to meet in person for some or all future sessions. If circumstances change with respect to personal, local or national health concerns, either party may request continued treatment via telehealth. Insurance company willingness to continue reimbursement for telehealth services will also be a factor in this decision.

Risks of Opting for In-Person Services

I understand that by coming to the office, I am assuming the risk of exposure to the coronavirus (or other viruses or bacteria). This risk may increase if I travel by public transportation, cab, or ridesharing service.

Responsibility to Minimize Exposure

To obtain services in person, I agree to take certain precautions which will help keep everyone (me, my therapist, our families, office staff and other clients) safer from exposure, sickness and possible death. If I do not adhere to these safeguards, it may result in starting/returning to a telehealth arrangement.

I understand and agree to the following: (please initial next to each item)

- I understand that any of the following symptoms could indicate a COVID-19 infection _____
 - 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
- I will only keep my in-person appointment if I am symptom free. _____
- I agree to take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if I have other symptoms of the coronavirus, I agree to cancel the appointment or proceed using telehealth. If I wish to cancel for this reason, I understand that I will not be charged a cancellation fee. _____
- I agree to wait in my car or outside until my therapist calls or texts for me to come in for my appointment. _____
- I will wash my hands or use alcohol-based hand sanitizer when I enter the building. _____
- I will adhere to the safe distancing precautions set up at the office, including maintaining 6 feet from everyone in the office and having no physical contact (e.g. no shaking hands). _____
- I will wear a mask in all common areas of the office. _____
- I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands. _____

- I will not bring anyone else to the office that is not participating in a session. _____
- I will take steps between appointments to minimize my exposure to COVID. _____
- If I have a job that exposes me to anyone infected, I will immediately let my therapist know. _____
- If my commute or other responsibilities or activities put me in close contact with others outside of my family, I will let my therapist know. _____
- If a resident of my home tests positive for COVID-19, I will immediately let my therapist know and will begin/resume treatment via telehealth. _____

I understand that the above precautions may change if additional local, state or federal orders or guidelines are published. If that happens, my therapist will discuss necessary changes with me. _____

Great Changes Commitment to Minimize Exposure

Great Changes 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. Direct any questions about these efforts to your therapist or to the clinic owner, Donna Welter.

If Client or Therapist is Sick

Great Changes is committed to keeping everyone safe from the spread of this virus. If anyone attends an appointment and is believed to have a fever or other symptoms, or a client reports having been exposed, they will be required to leave the office immediately. The therapist will follow up with services by telehealth as appropriate.

If any therapists who have been in the office test positive for the coronavirus, we will notify clients that they have been in contact with in the previous 48 hours so that you can take appropriate precautions.

Client Confidentiality in the Case of Infection

If any client that has been to the Great Changes office tests positive for the coronavirus, the practice may be required to notify local health authorities and others who may have been in contact with them. This consent form authorizes the report of the positive test, but not the identity of the client. If further details are necessary for any such report, an additional consent form will be presented to the client.

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Signature below indicates agreement to these terms and conditions.

Client

Date

Therapist/Psychologist

Date