

INFORMED CONSENT FOR IN-PERSON SERVICES DURING THE GLOBAL HEALTH EMERGENCY

This document contains important information about in-person psychotherapy services. Please read it 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 agree to meet in-person, at times, as a part of treatment. If there is a resurgence of the pandemic, or if other health concerns arise, I may require that we meet through videoconferencing.

Risks of In-Person Services

My view is that there is a risk of exposure to coronavirus if we meet in-person. I will take reasonable measures to keep the office clean.

Benefits of In-Person and Video Conferencing Services

It is my view that in-person and video conferencing are both effective means to improve psychotherapy outcomes. Individual preference and appropriateness of treatment delivery is determined on a case-by-case basis.

Symptoms of Covid-19 and Exposure

At this time, I ask that you refrain from coming to my office if you have **any** symptoms or combination of symptoms that are associated with Covid-19. Symptoms include but are not limited to fever, headache, cough, loss of smell, congestion, fatigue, difficulty breathing, etc. For a full list of current symptoms, please see the CDC website. If you have any symptoms or have been directly exposed to someone with Covid-19, or have a family member living with you who has been exposed to Covid-19, please let me know prior to our appointment so we can arrange the session through video conferencing. If I have any symptoms, I will let you know so that we can either reschedule the appointment or use videoconferencing.

Waiting Room

There is no waiting room. For now, I ask that you come to my office at the time of the appointment and wait in your car, on the bench outside, or other location until it is time for your appointment. A public bathroom is available if you choose to use it. I have no control over cleaning the bathroom or masking requirements.

Masks

For now, I require that you wear a mask in the office.

Other important information

I do not work in a healthcare building. People in the other offices of the building do not wear masks in the building. We do not share vaccine status or Covid exposures with one another. I do not have control of the HVAC system.

The only way to be certain that you will not get Covid-19 from the office or people in the office is to opt for videoconferencing.

Failure to comply with this agreement will result in your termination as a client. I will provide you with a referral for further treatment, but I cannot guarantee that person will accept you as a client.

If you have any questions, please address them with me over the phone prior to signing the agreement.

Your signature below acts as an agreement to these terms and conditions.

_____ Client signature

_____ Date