

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

This document contains important information about our decision (yours and mine) to meet in-person for counseling during 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.

### **DECISION TO MEET FACE-TO-FACE**

We have agreed to meet in person for some sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, 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 I believe it is 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, likewise if I decide to utilize telehealth services you agree to respect that choice. Reimbursement for telehealth 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 other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service. The building that my office is in provides services to a multitude of different businesses and it is expected that you respect them all.

### **YOUR RESPONSIBILITY TO MINIMIZE YOUR EXPOSURE**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, [my other staff] and other patients) 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.

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.
- \_\_\_\_\_ You will take your temperature before coming to each appointment at the no contact station by the elevator entrance and if the light is green you may keep your in-person visit.
- \_\_\_\_\_ You will follow all mask mandates during your time in the building.
- \_\_\_\_\_ You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- \_\_\_\_\_ You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- \_\_\_\_\_ 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 these sanitation and distancing protocols.
- \_\_\_\_\_ If you are exposed to other people who are infected, you will immediately let me [and my staff] know.
- \_\_\_\_\_ If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will follow the CDC guidelines for quarantine and 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**

My practice has aligned with Optimum Co-working and taken steps to reduce the risk of spreading the coronavirus within 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, me, [my staff] and 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 CONFIDENTIALITY IN THE CASE OF INFECTION**

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

**INFORMED CONSENT**

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

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

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT'S PRINTED NAME

\_\_\_\_\_  
Rebecca Frock L.P.C.C., Ph.D. (c)

\_\_\_\_\_  
DATE