



## **Consent for In-Person Services During the COVID-19 Public Health Crisis**

This document contains important information about our mutual decision to engage in in-person services in the light of the COVID-19 public health crisis. **By signing this document, you are indicating that you understand and accept the risks of exposure to the coronavirus.**

### **Your options for receiving psychological services**

You have the option to receive psychological therapy and consultation services via an **online video format or by telephone**. (Some forms of psychological evaluation and testing may not be possible without in-person contact.) If we reach a mutual agreement to engage in-person services, we both agree to follow the procedures outlined below to minimize our risks of exposure and illness. If there is a resurgence of the pandemic, or if the State changes social distancing requirements, I may determine to discontinue offering in-person services. At any point that you wish to return to telehealth services, I will respect that decision as long as it is feasible and clinically appropriate. Please note that reimbursement for telehealth services is determined by insurance companies; we can discuss that as it applies.

### **Our Commitment to Minimize Exposure to Coronavirus**

Our office has taken steps to reduce the risk of exposure to the coronavirus within the office. These steps include: the waiting room contains hand sanitizers; physical contact is prohibited; all items, furniture and surfaces that are commonly touched are sanitized regularly; appointment times are staggered to reduce the number of people in the waiting room. If someone in our office tests positive for COVID-19, we will let you know.

### **Your Responsibility to Minimize Your Exposure and Ours**

You understand that we are trying to reduce the possibility that you, us, or our families are exposed to an illness-causing highly contagious virus. You agree to take the following precautions in order to receive in-person services:

1. You will only keep your appointment if you are symptom free. If you or anyone in your household is sick or tests positive for COVID-19, you will let us know and you will not attend an in-person appointment.
2. You will adhere to the safe distancing precautions that we have established in our office suite.
3. You will keep a six foot distance from others and you will not engage in physical contact.
4. You will not enter our office more than 10 minutes before your appointment.
5. If you are bringing a child, you will make sure that the child follows all of these sanitation and distancing guidelines.

6. If you have a job or engage in other activities that expose you to other people who are infected, you will immediately let us know.

**Your Confidentiality in the Case of Infection**

Please note that if you have tested positive for the coronavirus, the State or local authorities may require that we notify them that you have been in the office. If this occurs, we will provide only the minimum necessary information necessary for their data collection and will not go into any details about the reason for our meetings. By signing this form, you agree to allow this disclosure without an additional signed release.

**Informed Consent**

I agree to accept the risks associated with in-person psychological services during the COVID-19 Public Health Crisis, and I agree to the policy and guidelines described above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date