



## 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. **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 pandemic or if other health concerns arise, however, I may require that we meet via telehealth (A separate telehealth informed consent will be provided to sign). 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, as long as it is feasible and clinically appropriate. Fees for telehealth sessions are the same as face-to-face sessions. **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 ride sharing service.

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take and participate in certain precautions which will help keep everyone (you, me, and our families) safer from exposure to sickness and possible death. HTBH has safety precautions such as masks, 70% hand sanitizers, Lysol spray, and infrared thermometer, 6 feet apart, to be used during each face-to-face session. 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. Initial \_\_\_\_\_

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, you will not be charged. You are more than welcome to wait in the downstairs main lobby area of the building and I will come and meet you and escort you to our session room. Your temperature and hand sanitizer will be utilized before we proceed to our session room. A mask is required for the session and if you do not have one, one will be provided for you. Initial \_\_\_\_\_

Unfortunately at this time no childcare will be provided and sessions may be rescheduled or moved to telehealth sessions if childcare cannot be obtained.

Client's Printed Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_