

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

This document contains important information about our shared decision to meet in-person for therapy services during the COVID-19 public health crisis. Please read this Consent carefully and let your therapist know if you have any questions before signing.

Risks for In-Person Services

I understand that Covid-19 is extremely contagious and is spread primarily by person-to-person contact. By choosing in-person services, I understand that I am assuming the risk of exposure to Covid-19 or other public health risks. If at any time I, or my therapist, decide to use telehealth therapy services for health safety reasons, we may choose to do so as long as it is feasible and clinically appropriate. I understand that insurance reimbursement for telehealth therapy services are determined by the insurance provider and applicable laws and cannot be guaranteed. If telehealth therapy services are used, I understand that any fees not reimbursed by my insurance provider will become my financial responsibility.

Responsibility to Minimize Exposure*

To receive in-person services, I will comply with the following safety precautions to limit the spread of Covid-19. Non-adherence to these safety precautions may result in the use of telehealth services or discontinuing services.

- I will only keep my in-person appointment if I am symptom free, and I have not knowingly been exposed to others who have tested positive for Covid-19 within the past 14 days.
- I will take my temperature before all in-person appointments. If I feel feverish, have a temperature of 100° F or higher, or I have other symptoms of Covid-19, I will use telehealth services or cancel the appointment.
- I will wait outside the office or in my car until our appointment time.
- I will wear a mask in all areas of the office.
- I will use hand sanitizer (to be provided) upon arrival in the office and after touching my face.
- I will maintain at least 6 feet distance between myself and others in the office at all times and no physical contact is permitted (e.g. hand shaking)
- I will adhere to the safe distancing precautions set up in the waiting room and therapy room (e.g. don't move chairs or sit where we have signs asking you not to sit).
- If the appointment is for my child, I will help to ensure that my child also follows these precautions.
- I will promptly inform my therapist if I have been at risk of exposure to Covid-19 (e.g. through household members, my job, commute, other responsibilities/activities). It will be at my therapist's discretion to continue in-person appointments or use telehealth services.

Confidentiality in the Case of Infection*

I understand that my therapist may be required to report Covid-19 related patient information to public health departments, U.S. Health Dept., or the Centers for Disease Control and Prevention (e.g. if anyone who has been in the office tests positive for Covid-19). If reporting is required, only the minimum necessary information will be disclosed, and an additional signed release will not be required.

*The above safety precautions and confidentiality in the event of infection may be subject to change based on the guidelines and recommendations from the Centers for Disease Control and Prevention (CDC), The World Health Organization (WHO), state and local government, and local health organizations. The Barrington Center and/or the therapist will provide notification of any changes.

Our Commitment to Minimize Exposure

The Barrington Center for Counseling and Psychotherapy and therapists/staff have taken steps to reduce the risk of spreading Covid-19 within the office, and we have posted our efforts on our website and in the office. Please ask your therapist/staff if you have questions about these efforts.

By signing below, I am consenting to have in-person sessions during the Covid-19 pandemic, and I understand the possible related health risks. I have read the information provided above and discussed it with my therapist, and my questions have been answered to my satisfaction.

_____	_____
Client Signature (including clients 12-17 yrs. old)	Date:
_____	_____
Parent/Legal Guardian Signature	Date:
_____	_____
Therapist Signature	Date: