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

This document contains important information about our decision (yours and mine) to resume in-office services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. For the purposes of this document, references to "clients" also include the parents and/or legal guardians of minor clients.

Decision to Meet Face-to-Face
We have agreed to meet in my office for some or all future sessions. If you decide at any time that you would feel safer meeting via telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. If there is a resurgence of the pandemic or if other health concerns arise, I also may decide that we need to meet via telehealth.

Risks of Opting for In-Office Services
You understand that by coming to my office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

Client Responsibility to Minimize Exposure
To obtain services at my office, you agree to take the following precautions to help keep everyone (you, me, our families, and other clients and office staff) safer from exposure, sickness and possible death. If these safeguards are not adhered to, we may need to meet via telehealth.

- Clients agree to keep in-person appointments only if they are symptom free.
- Clients agree to take their temperature before coming to each appointment. If it is elevated (99.5 Fahrenheit or more), or other symptoms of the coronavirus are present, the appointment will be cancelled or we will proceed using telehealth. If an appointment is cancelled for this reason, the normal cancellation fee will be waived.
- Clients agree to wear a mask upon arrival to the session and in the public areas of the office. Masks may be removed during appointments in my office upon our mutual agreement.
- Clients agree to wash their hands or use alcohol-based hand sanitizer upon entering the building or my office (sanitizer is provided in my office).
- Clients agree to inform my office immediately if a resident of their home tests positive for the coronavirus.
- Clients agree to inform my office immediately if their occupation or other activities have exposed them to people who have tested positive for the coronavirus.
- Parents agree to assume responsibility for their child to follow these protective guidelines.

My Commitment to Minimize Exposure
My practice has taken steps to reduce the risk of spreading the coronavirus within the office. These include the same safeguards listed above and the following:

- I will only keep your in-person appointment if I am symptom free.
- I will wash my hands before all appointments.

- I will wear a mask in the public areas of the office.
- I will maintain a distance of 6 feet between us during our appointment.
- If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.
- Pens and other supplies that are commonly touched are sanitized after each use.
- Tissues and trash bins are available and easily accessed.
- Trash is disposed of on a frequent basis.

In the Event of Illness

If clients come to the office for an appointment with a fever or other symptoms, or are believed to have been exposed to the coronavirus, they will be instructed to leave the office immediately. We can arrange follow up telehealth services as appropriate. If I develop symptoms or test positive for the coronavirus, I will notify clients immediately so they can take appropriate precautions.

Informed Consent

This agreement supplements the general informed consent and 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 Name (please print)   Signature of Client/Legal Guardian   Date