



Licensed Professional Counselor  
Registered Play Therapist-Supervisor

## **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 inperson 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. 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.

### **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.

### **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, and other clients) 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:

- Clients and parents/guardians will only keep in-person appointments if symptom free. \_\_\_\_
- The client's temperature will be taken before they come back to my office for each appointment. If it is elevated (100 Fahrenheit or more), or if clients have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. \_\_\_\_
- Clients and parent/guardians will wait in your car or outside in chairs provided in the hallway until no earlier than 5 minutes before appointment times. \_\_\_\_
- Clients and parents/guardians will use alcohol-based hand sanitizer when you enter the office. \_\_\_\_
- Clients and parent/guardian will wear a mask in all areas of the office (I will too). \_\_\_\_
- There will be no physical contact (e.g. no shaking hands) with me . \_\_\_\_

- Clients will try not to touch face or eyes with hands. If this happens, clients will immediately wash or sanitize their hands. \_\_\_\_
- You will take steps between appointments to minimize exposure to COVID for you and the client. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me know. \_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin or 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. I reserve the right to amend, add or abrogate any of the foregoing precautions according to any published federal, state or local health guidelines. I will notify you of any changes to the agreement.

### **My Commitment to Minimize Exposure**

My office is taking the following precautions to protect clients and parents/guardians and help slow the spread of the coronavirus.

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- The waiting room is closed. All clients and parents/guardians will wait in their cars or outside until no earlier than 5 minutes before their appointment times. Parents can wait in their car, or in the chairs placed in the hallway outside the office. Depending on available office space, an option may be for a parent/guardian to wait in a separate office.
  - I ask that clients and parents/guardians use the bathroom before coming to the office. The bathroom is closed. If a client needs to use the bathroom, I am required to wipe down the bathroom after they have exited. This time will be included in the time of the session.
  - I will wear a mask.
  - Clients and parents/guardians entering the office are required to wear a mask.
  - Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
  - Hand sanitizer that contains at least 60% alcohol is available in my office.
  - Appointments will be scheduled at specific intervals to minimize the number of people clients come in contact with in the office.
  - All clients and parents/guardians will wait in their cars or outside until no earlier than 5 minutes before their appointment times.
  - Contactless payment is required. I will run the credit card you listed on the Client Payment Contract.
  - Physical contact is not permitted.

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I 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 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. If I have to report 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 or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Angie Hoffman, MAC, LPC, RPT-S

\_\_\_\_\_  
Date