



Park Cities Child and Family Counseling

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. Further, in this document, usage of “I,” “we,” or “us” refers to the Counselor (in their individual capacity as an independent contractor) as well as the entire Park Cities Child and Family Counseling practice. Please initial after each of the paragraphs below to demonstrate your understanding for each of the following:

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. **Initial:**_____

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. **Initial:**_____

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. **Initial:**_____

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, other therapists, 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:**_____

Initial each to indicate that you understand and agree to these actions:

_____ You will only keep you or your child’s in-person appointment if your household is symptom free.

_____ You will take your and your child’s temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you, your child, or other members of your household 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.

_____ You will wait in your car until you or your child’s scheduled appointment time.

_____ You and your child will wash your hands or use alcohol-based hand sanitizer when you enter the building.

_____ You will adhere to the safe distancing precautions. For example, you won't move chairs or sit where we have signs asking you not to sit, as outlined in Attachment A. See page 4.

_____ You will wear a mask in all areas of the office (I will too).

_____ You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me.

_____ You will try not to touch your face or eyes with your hands.

_____ If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.

_____ You will take steps between appointments to minimize exposure to COVID.

_____ 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] resume treatment via telehealth.

_____ By meeting you in the hallway or lobby, if bringing a child client, as opposed to the waiting room, I cannot guarantee your confidentiality.

_____ I have read and understand Attachment A and will adhere to its standards. See page 4.

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. **Initial:** _____

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts. **Initial:** _____

If You or I Are Sick

You understand that I am committed to keeping you, me, our practice, and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office] 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 (or someone we share an office with) test positive for the coronavirus, I will notify you so that you can take appropriate precautions. **Initial:** _____

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.

Initial: _____

Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together. **Initial:**_____

Your signature below shows that you agree to these terms and conditions.

Client Name

Client/Parent/Guardian Signature

Date

Counselor Signature

Date



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Office Safety Precautions in Effect During the Pandemic

My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- Our Practice is wearing masks.
- Our Practice maintains safe distancing.
- Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms, the waiting room and at the reception counter.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- We ask all patients to wait in their cars or outside until their scheduled session time.
- Pens are now categorized as “clean” and “dirty.” If you touch one, please put in in the “dirty” holder.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the beginning and end of each day.

Thank you for your understanding and observance of these new protocols!