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**INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19**

This form contains important information about our decision to conduct in-person services regarding the COVID-19 public health crisis and to set expectations surrounding some corresponding changes to facilitate health safety for our meetings. Please read this carefully and share any questions you have before signing this document, as it will be an official agreement between us.

**Decision to Meet In-Person**

We have agreed to meet in person for some or all future sessions. Please understand that if there are any future state emergency limits, shelter in place orders or illness impacting our ability to meet, we will develop a reasonable plan to meet using tele-mental health or alternative communication resources that meet the confidentiality requirements necessary to work together.

If you decide at any time that you are would rather return to tele-mental health services, we will outline the plan and confirm that the communication method is clinically appropriate. The plan will include payment/reimbursement for tele-mental health services as it may vary with your health insurance plan and applicable law.

**Risks of Opting for In-Person Services**

Please understand that by coming to the office, and/or meeting for such services in any other venue, you are assuming the risk of exposure to the coronavirus (or any other public health risk); and you agree to waive all rights and claims against my practice and me both jointly and severally for damages arising therefrom. This risk may increase if you travel by public transportation, cab, or ridesharing service.

**Practice Steps to Reduce Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. I have implemented the guidelines outlined CDC and NJ Health Department to improve safety from virus contagion. Please understand that if test positive for the coronavirus, I will notify you so that you can take appropriate precautions as you deem necessary. Although these steps will improve safety, it is impossible to guarantee any outcome with an invisible virus. Please let me know if you have questions about these efforts.

**Commitment to Minimize Your Exposure**

To obtain services in person, you agree to take reasonable safety precautions to reduce exposure from any contagious illness. If you do not adhere to these safeguards, it may result in immediate changes in our meeting arrangement. Please initial each to indicate that you understand and agree to these actions:

\_\_\_\_\_  *I agree to only come to an appointment when I am symptom free and have been symptom free for a period of 14 days.*

\_\_\_\_\_  *If I have not been fully vaccinated and I have a temperature (100 Fahrenheit or more), or present other symptoms, I agree to text Cara that we will use telehealth or reschedule appointment.*

\_\_\_\_\_  *If I have been exposed to, shared a workspace or living arrangement with a person infected by COVID-19 and I have not been fully vaccinated, I will immediately disclose the information in advance of our appointment time by text or email and we will move to telehealth session as appropriate.*

\_\_\_\_\_  *I understand that if I appear to be physically ill at an appointment, I may be required to leave immediately and will reschedule our appointment, which may require teletherapy.*

The above precautions will be adjusted, if additional local, state or federal orders or guidelines are published. If that happens, the content may be subject to change, and we will review the changes.

**Informed Consent**

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

Client Signature agreeing to all terms \_\_\_\_\_

Date \_\_\_\_\_

Therapist signature agreeing to all terms \_\_\_\_\_

Date \_\_\_\_\_