

## **ANNIE BROGGER & ASSOCIATES**

Licensed Marriage and Family Therapist #44833

2082 MICHELSON, IRVINE, CA, 92612

(949) 887-7190

### **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.

#### **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. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

#### **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.

You understand that a person can unintentionally spread COVID-19 to others even if they do not feel sick or have symptoms.

You understand that cloth face coverings are meant to reduce the possibility of spreading the virus when the infection is known or unknown; they do not block the virus completely.

You understand that your therapist, or therapist in training, cannot completely control the spread of COVID-19 and you have chosen to enter the business/office and consent to receive close contact service with full knowledge of the risk of contracting COVID-19 when social distancing is not observed.

You understand that your therapist is cleaning the office: couch, surfaces, door handles, and toys before and after each client; however, you agree that this may not completely prevent the spread of COVID-19.

### **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, [my other staff] and other patients) 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:

- You will only keep your in-person appointment if you are symptom free. \_\_\_\_\_
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. \_\_\_\_\_
- You will have your temperature taken with a non-contact infrared thermometer prior to entering the office. If your temperature is above 100 Fahrenheit we will switch to Telehealth. \_\_\_\_\_
- You will wait in your car or outside, or you may wait in the waiting room, no longer than 10 minutes prior to your appointment time. If you opt to wait in the waiting room, you are required to wear a mask. \_\_\_\_\_
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building and my office. \_\_\_\_\_
- You will wear a mask in the waiting room. \_\_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands or hugs) with me [or staff]. \_\_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize 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 your exposure to COVID. \_\_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me [and my staff] know. \_\_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then [begin] 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.

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

You understand that I am committed to keeping you, me, [my staff] and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office staff or associates] 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 my staff] 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.

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date