

Wellspring Counseling
Merry Anderson, MA, LPC

Covid-19 Informed Consent for Office Visits

Client Name(s): _____ **Date:** _____

This document contains important information about our decision (yours and mine) to begin/resume in-person services in light of the COVID-19 public health crisis. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about.

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 decide at any time that you would feel safer staying with, or returning to, telehealth services, I am glad to do so, so please let me know.

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 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.

Please initial each to indicate that you understand and agree to the actions:

- You will tell (or have told me) if you've been vaccinated. ____
- You will only keep your in-person appointment if you are symptom free. ____
- You will only keep your in-person appointment if you have been fever free for a minimum of 10 days prior to our appointment. ____
- You will postpone your appointment or proceed using telehealth if you have been in contact with someone who has tested positive within the last 14 days. ____
- You will postpone your appointment or proceed using telehealth if you have any symptoms of the coronavirus (the normal cancellation fee will not apply). ____
- You will wait in your car or outside until 5 minutes before our appointment time. ____

- You will keep a distance of 6 feet and there will be no physical contact with me. ____
- You will take steps between appointments to minimize your exposure to COVID. ____
- If you have been exposed to other people who are infected, you will immediately let me know. ____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then continue 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.

My Commitment to Minimize Exposure

Currently I am the only therapist in my suite who is seeing clients in person. I have taken steps to reduce the risk of spreading the coronavirus within the office by spacing sessions 20 minutes apart and am only seeing fully vaccinated people. I am taking precautions in my personal life to minimize my exposure to coronavirus infection. Please let me know if you have questions about these efforts.

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 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 or suspect I may be infected, 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

Date

Client (Couples)

Date

Psychotherapist

Date