



ONE STEP COUNSELLING INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to engage 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 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. Reimbursement for telehealth services by your benefits provider may be a consideration you must make.

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) 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. _____
- If you have any symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you cancel for this reason, the normal cancellation fee is waived. _____
- You will wait in your car until no earlier than 5 minutes before our appointment time. _____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. _____
- You will keep an appropriate distance and there will be no physical contact (e.g. no shaking hands) with me. _____
- 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 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. _____

I may change the above precautions if additional safety guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure - SEE PAGE 3 FOR DETAILS.

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. 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 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 Name

Signature

Date

Therapist

Date

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.

- I will wear a mask upon request.
- Please allow me to open all doors to reduce touch points.
- Plexiglass barrier is in place between client and therapist for the duration of the session.
- My office space does not allow for the recommended 6 feet for social distancing (instead, approximately 4 feet). Plexiglass is in place as a protective barrier to compensate for this.
- A Hepa (High Efficiency Particulate Air) purifying air filter will run for the duration of the session.
- The office window will remain open for the duration of the session, weather permitting.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available near the entrance and use upon entry is requested.
- I schedule appointments at specific intervals to minimize contact and allow time for sanitizing between sessions.
- I ask all clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens, chairs and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Commonly touched areas are thoroughly disinfected between sessions and at the end of each day.