



INFORMED CONSENT FOR IN-PERSON SERVICES DURING THE COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (between Art of the Heart Counseling Services LLC and you) 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, risk of exposure outside of this setting, and other concerns.

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 your therapist believes it is necessary, we may 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, your decision will be respected, if it is feasible and clinically appropriate. Reimbursement for telehealth services is also determined by the insurance companies and applicable law. Financial implications will be discussed if needed.

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 safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in 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 only keep your in-person appointment if you have been fever-free for a minimum of 10 days prior to our appointment. ____
- You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ____
- You will adhere to the safe distancing precautions we have set up in the waiting room. ____
- You will wear a mask in all areas of the office. ____

- 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 a resident of your home tests positive for the infection, you will immediately let us know and we will then [begin] resume treatment via telehealth. ____

If You or I Are Sick

You understand that we are committed to keeping everyone and all of our families safe from the spread of this virus. If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If your therapist tests positive for the coronavirus, you will be notified so that you can take appropriate precautions.

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

Provider

Date