

Consent for Return to In-Person Services

This Consent for Return to In-Person Services (“Consent”) is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this Consent carefully and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing most services via telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and face-to-face services may be more appropriate.

After discussion, we have determined that in-person services are more appropriate at this time for your situation for the following specific reason(s):

The determination about whether to engage in face-to-face services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be warranted based on consideration of health and safety issues, and such a decision will be at the sole discretion of your provider.

In order to provide in-person services, the following protocols must be followed:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
- Clients and providers will be required to wear face coverings or masks while in the office.
- Hand sanitizer will be provided at the office entrance and must be used upon entering the office.
- There will be no physical contact with others in the office unless this is a couple’s or family session and the contact is between the family members.
- You will be asked to wait in your vehicle or outside the office until you receive a text, email, or phone call from office staff indicating that you can enter the office.
- You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks.
- You allow us to take your temperature and make sure it is within allowable limits per the CDC.
- Our restrooms will be closed to clients and the public at this time.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. The option of receiving services via telecommunications technology has been explained to you as a way to mitigate the risks of exposure. By signing below, you acknowledge that you understand the risk of exposure and nevertheless consent to in-person services at our practice under the conditions outlined above.

Client

Date

Therapist

Date