

## Informed Consent for Covid In-Person Appointments

Womencare Counseling & Training Center would like to create a safe environment for our staff, clients, and students as we begin to open our practice for in-person and telehealth services. This is not a return to normal policy; it is a bridge from a time of collective trauma that has impacted us, our families and our community, and continues to be of concern.

We want to share how we are addressing the risks associated with the potential transmission of Covid-19. The following contains important information about resuming in-person services. Please read this carefully and discuss any concerns you may have with your therapist.

### **Decision to Meet Face-to-Face:**

Since the beginning of the Shelter-In-Place Executive Order, mental health services have been considered essential services. However, for the safety of our clients and staff, we chose to suspend face to face services and to move all treatment to video sessions. Due to the evolving nature of information about Covid-19 risks, your therapist will continue to discuss the delivery of your care with you. This informed consent is the start of that discussion.

We are now allowing the options to continue telehealth therapy and/or to resume in-person sessions. You or your therapist will be in ongoing conversations to make decisions about telehealth visits, return to in-person visits, or a hybrid of telehealth and in-person visits.

*Not all of our therapists will return to in-person practices and we support them in that.*

We encourage you to contact your insurance company to confirm your telehealth benefits. Know that we will continue to abide by the Governor's guidelines, and other state and federal guidelines, especially if additional Shelter-In-Place Orders re-occur.

### **Risks of Opting for In-Person Services:**

By coming to the office, you are assuming the risk of exposure to the Covid-19 (or other public health risks). Even though we are making every effort to minimize risks of exposure to our clients and staff, we cannot eliminate all risks.

**Your Responsibility to Minimize Your and Others' Exposure:**

We ask that you agree to the following, as precautions which will help keep everyone safer from exposure to, and possible transmission of Covid-19.

- If you or another member of your household is feeling ill or has a fever in the days leading up to your scheduled appointment, please call and request a tele-health session. Only come in-person if you and your household members are symptom-free. We can provide a telehealth session, and if you need to cancel due to illness, there will be no charge.
- If you learn that you have recently been in close contact with anyone who tests positive for or is diagnosed with Covid-19, inform your therapist. Therapy will be provided by telehealth for at least 5 days and until you and your therapist agree it is possible to resume in person.
- We do not currently have a waiting room in order to reduce risk of exposure. You and your therapist will make arrangements for how best to come into the office at your appointment time.
- Wash your hands or use alcohol-based hand sanitizer as you enter our office. We will have hand sanitizers available for you.
- Wear a mask as you enter and leave our office. If you and your therapist both agree to not wear a mask during your meeting, then feel free to remove it. If you or your therapist feel more comfortable wearing a mask during your meeting, please wear it.
- If you are bringing your child, please help them to follow these same guidelines.

We may change the above precautions if additional local, state or federal orders or guidelines are published. Please note the CDC website for the latest guidelines, which we took into account in creating this policy. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**Your Confidentiality in the Case of Infection:**

If you test positive for Covid-19, your therapist may be required to notify local health authorities or others that you have been in the office. If your therapist has to report this, they will only provide the minimum information necessary for data collection and will not share details about the reason(s) for your visit. By signing this form, you are agreeing to that without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent that we agreed to at the start of our work together. Your signature below shows that you agree to these terms and have accepted responsibility and risk factors for in-person therapy sessions.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

