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

This document contains important information about our decision (yours and mine) to resume in-person services considering the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. Please initial where you see “\_\_\_\_.” 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 need to require that we meet via telehealth for some time. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. 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, if it is feasible and clinically appropriate.Reimbursement for telehealth services is determined by the insurance companies and applicable law, and is usually equivalent to face-to-face services.

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

You understand that by coming to the office, you are assuming the risk of possible increased exposure to the coronavirus. This risk would increase if you travel by public transportation, cab, or ridesharing services.

**Your Responsibility to Minimize Exposure in the Practice Location**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, as well as other patients/clients) safer from exposure, sickness and possible death. If you for any reason do not see it fit to adhere to these safeguards, we may need to resume with telehealth arrangements. 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 arrive early, you will wait in your car in the parking lot until just prior to the time of your appointment, when you put on a surgical or KN95 mask (if you prefer a cloth face mask, you will need to double mask with a surgical easily commercially available 3-ply mask underneath) and come up to the waiting room. \_\_\_**
* You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_
* You will wear a mask in all areas of the office suite including the waiting room, and not shake hands (I will too). \_\_\_
* A window will be open for airflow, and/or an air purifier may be used in the room. \_\_\_
* If you are bringing your child, you will make sure that your child follows the sanitation and distancing protocols. \_\_\_
* You will adhere to NCDHHS regulations between appointments to minimize your exposure. \_\_\_
* If you have been exposed to somebody with Covid-19, you will let me know. \_\_\_
* If you are booster eligible, and did not yet receive your shot, or have received J&J vaccine during high endemic times with Omicron, you will get tested prior to your appointment (PCR 2 days prior, rapid test 1 day prior). \_\_\_\_\_

I may change the above precautions depending on the public health situation or if additional local, state or federal orders or guidelines are published. If that happens, I will let you know.

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and I have posted our efforts on our website. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

I am committed to keeping you, me, and our families safe from the spread of the virus. If you show up for an appointment and I come to believe that you have a fever or other symptoms of COVID-19, or that you have been exposed, we will plan for an online session, and I will need to require you to leave the office. If I have been exposed, or test positive for the coronavirus, I will notify you immediately.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, under certain circumstances affecting others aside from myself, I may be required to notify local health authorities that you have been in the office. If I would ever 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.

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Patient/Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist/Psychotherapist Date