

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

This document contains important information about our decision (yours and mine) to resume 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 future sessions. If there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth. If you decide that, you feel safer staying with, or returning to, telehealth services, I will respect your decision.

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. This risk may increase if you travel, use public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person you agree to take certain precautions to help keep everyone - you, me, and our families – safe from exposure, sickness, and possible death. If you do not agree to these safeguards, we will begin or return to a telehealth arrangement. Please 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 cancel an in-person appointment if your temperature is elevated (100F or 37C). ____
- You agree to wash your hands with alcohol-based hand sanitizer when you enter the office. ____
- You will adhere to the safe distancing arranged in the office (seating arrangements). ____
- You agree to keep a distance of 6 feet with no physical contact (e.g. no shaking hands). ____
- 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 let me know. ____
- If your activities put you in close contact with others, you will let me know. ____
- If a resident of your home tests positive for the infection, you will immediately let me know and we can begin/resume treatment via telehealth. ____

As we move forward in this pandemic, the above precautions may change. If that happens, we will talk about any necessary changes and options available.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office; these have been posted on our website, FB page, and in the office. Let me know if you have any questions.

Informed Consent

This agreement supplements the general informed consent agreement that we agreed to at the start of our work together. Your signature below shows that you understand and agree to these terms and conditions, for your safety, my safety and the safety of those we love.

Patient/Client

Date

Psychologist

Date