**CONSENT FOR IN-PERSON SERVICES DURING COVID-19**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, sickness and possible death. Your failure or refusal to adhere to these safeguards may result in our 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 take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. \_\_
* You will wait in your car or outside and text me when you arrive before our appointment time. I will text you to come in through my office door. You will not use the waiting room. \_\_\_
* You will wash your hands or use hand sanitizer when you enter the building. \_\_\_
* You will wear a mask in all areas of the office (I will too). \_\_\_
* You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. \_\_\_
* You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_
* 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. \_\_\_
* If you have a job that exposes you to those who are infected, you will let me know. \_\_\_
* If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. \_\_\_
* If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth.\_\_\_

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details of 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 to 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

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

Therapist   Date