



INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

This form is intended to allow you to give informed consent to continue in-person services during the ongoing COVID-19 public health crisis. Read it thoroughly for understanding and ensure that all of your questions are answered before signing to give consent.

Returning to In-Person Sessions

Although we are offering in-person sessions at this time, if there is a resurgence in COVID-19 or if local or federal government or the CDC recommends that in-person sessions be limited or suspended, we will comply with these recommendations, and may request that your in-person sessions be changed to telehealth visits. You will be asked to sign an informed consent prior to beginning telehealth services. If you have questions or concerns about telehealth as an option for you, please contact your provider.

You may request to resume or begin telehealth at any time, if you would feel more comfortable seeing your provider virtually rather than in person. However, you are responsible for knowing your insurance coverage or limitations for telehealth sessions.

Risks of Returning to In-Person Sessions

Although we are taking appropriate precautions, by choosing to come to the office for in-person sessions, you are assuming a certain level of risk, which includes possible exposure to COVID-19. We are currently requiring that all clients wear masks when entering and exiting the office and while walking through common areas. Should you choose to remove your mask during your session, you may be putting yourself and your provider at an increased level of risk.

If your provider believes that you have a fever, are experiencing symptoms that you have not disclosed, or are otherwise putting yourself and your provider at risk, they may ask you to leave the office and reschedule the appointment. Service may be resumed as telehealth until the risk has passed.

Client's Responsibility to Minimize Exposure

Please initial the following statements to indicate your understanding and commitment to upholding the following guidelines.

_____ You will only keep your in-person appointment as scheduled if you are symptom free. These symptoms include: fever or feverish feelings within the past 21 days; shortness of breath, difficulty breathing, cough, or any other flu-like symptoms like gastrointestinal upset, headache, or fatigue; and recent loss of taste and/or smell. You will not attend an in-person appointment if you have come into recent contact with a COVID-19-positive person, or if you have traveled outside of the state in the past 14 days (subject to change based on current CDC and IDPH guidelines).

_____ You will wait in your car or outside the building until you receive a call from the office, indicating that your provider is ready for you and that you may come inside.

_____ You will wear a mask when entering and exiting the building and when walking through all common areas of the building.

_____ You will maintain a distance of 6 feet from all providers and members of staff when possible, and you will not initiate physical contact (shaking hands, etc.)

_____ You will ensure that, should you be bringing a minor client into the office, they follow COVID-19 safety procedures to the best of their ability, including wearing a mask, avoiding touching common surfaces, and avoiding touching their eyes, nose, or mouth.

_____ You will take steps between your appointments to minimize your exposure to COVID-19.

_____ If you currently work in a field that requires you to have close or frequent contact with individuals outside of your immediate household, you will inform your provider and discuss whether the risk is acceptable to both of you to continue in-person sessions.

_____ If a member of your household, or you yourself test positive for COVID-19, you will let your provider know as soon as possible, and all sessions will be changed to telehealth or cancelled, as needed, until the member of your household or you have recovered.

These responsibilities may change in accordance with local, state, or federal guidelines. Any changes will be communicated to you promptly, and any questions that you may have will be discussed at that time.

Our Responsibility to Minimize Exposure

All providers are wearing masks, and will be sanitizing their offices after each in-person session. Further guidelines have been posted on our website and social media. If you have any questions about what precautions we are taking to minimize your risk when coming into the office, please contact your provider.

In the Event of Exposure

We are committed to keeping ourselves and our clients as safe as possible. If any of our providers or members of staff test positive for COVID-19, we will inform you so that you can take appropriate precautions as soon as possible.

Confidentiality in the Case of Infection

If you or a member of our staff have tested positive for COVID-19, we may be required to notify local health authorities that you have been in the office. If we do report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visit to the office. By signing this form, you are agreeing to this release of information without the need for an additional signed release.

Please sign below to indicate that you have read and understood the information above, and that you have asked any relevant questions. By signing this form, you indicate that you have read and agree to abide by these terms and conditions.

Signature: _____ Date: _____

Provider/Witness: _____ Date: _____

I would like to receive a copy of this informed consent: Yes No