

Consent for Returning to In-Person Psychological Services

This Consent for Returning to In-Person Psychological Services is a supplement to the Client-Therapist Agreement that we agreed to at the outset of our clinical work together. Please read this document carefully, and let me know if you have any questions.

The threat of COVID-19 (and the Delta variant, etc.) is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, I have transitioned to providing most services via telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, in-person services may be preferable.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s):

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company. As always, you are responsible for payment for services whether or not insurance covers services.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
- Patients/clients and providers will be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you.
- Hand sanitizer will be provided in the waiting room and must be used upon entering the office.
- There will be no physical contact with others in the office.
- You will be asked to wait in your vehicle or outside the office. Let me know you're here by texting me. Then I will text you when it's time to come in.
- You agree not to present for in-person services if you have a fever (temperature over 99), shortness of breath, coughing, or any other symptoms associated with COVID-19 or if

you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. (We will switch to telehealth.)

- Please try to avoid using the restrooms. But if you need to, we ask that you wipe all surfaces that you touch with Clorox (or other wipes) that will be provided.
- When possible, allow me to be the one touching doorknobs.

Limit to Confidentiality: As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law. By signing this form, you are agreeing that I may do so without an additional signed release.

We remain committed to following guidelines and to adhering to professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

Patient/Client

Date

Psychologist

Date