

Consent for In-Person Psychological Services

This Consent for In-Person Psychological Services is a supplement to the informed consent for our clinical work together. Please read this document carefully, and let me know if you have any questions.

As a way to mitigate the risk of exposure to COVID-19, our practice is providing 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, teletherapy services may not be adequate, and in-person services may be more appropriate, such as the following reason(s):

- Teletherapy ineffective; no improvement of symptoms
- Increased symptomatology; deterioration
- Crisis intervention / High risk
- Psychological evaluation; some assessment measures require face-to-face administration
- Client is unable to attend teletherapy sessions due to age or diagnosis-related limitations
- Other: _____

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

Check-in: We ask all clients to arrive on-time to appointments to limit the amount of waiting in the office. Masks are required for all individuals, regardless of vaccination status, in our waiting room.

Limited Guests: Please do not bring any guests, children, or family members who do not have a scheduled appointment.

Sanitization Procedures: All community surfaces (door knobs, counters, tables, sofa, etc.) will be sanitized between clients. Therapists will sanitize hands before and after each session. Hand sanitizer is available for clients' use.

Personal Protection and Social Distancing Guidelines: Social distancing requirements must be met, meaning that you agree to maintain a six-foot distance from others while in the office. Unvaccinated individuals are strongly recommended to wear face masks during session. The decision to use face masks can be predetermined and agreed upon between you and your therapist.

Touchless Checkout and Electronic Documents: We utilize touchless checkout and accept payments using the credit card on file. In addition, our consent and intake documents will be sent electronically and may be digitally signed and emailed back to limit exposure.

Health: If you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19, or if you have been exposed to another person who has a confirmed case of COVID-19 within the past two weeks, please call us to reschedule.

We remain committed to following CDC guidelines and 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 could be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to teletherapy services, please let me know. Likewise, the ability to engage in in-person services is based on current conditions and guidelines, which may change at any time.

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.

Client/Guardian Signature

Date

Clinician

Date