# INFORMED CONSENT FOR IN‐PERSON SERVICES DURING COVID‐19 PUBLIC HEALTH EMERGENCY

This document contains important information about resuming in‐person psychotherapy services in light of the COVID‐19 Public Health Emergency. Please read it 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 agree to meet in-person for future psychotherapy sessions as of \_\_\_\_\_\_\_\_\_\_. If there is a resurgence of the pandemic, or if other health concerns arise, however, I may require that we meet through videoconferencing.

*Risks of In‐Person Services*

My view is that there is a risk of exposure to the coronavirus if we meet in person. I will follow all CDC guidelines to keep my office and adjoining areas disinfected, including window open, HEPA filter, and disinfecting regularly.

*Benefits of In-Person Services*

My view is that meeting in the same space makes it easier for us to understand each other and improves psychotherapy outcomes.

*Vaccination*

At this time, I will only meet with patients in person who are fully vaccinated. I attest that I am fully vaccinated as well.

*Symptoms of COVID-19*

At this time, I ask that you refrain from coming to my office if you have any combination of symptoms that are connected with COVID-19. Even fully vaccinated people have been known to become infected. These symptoms include fever, headache, loss of smell, congestion, fatigue, difficulty breathing, etc. Let me know prior to coming to the office and we can arrange appointments through videoconferencing. If I develop any symptoms of COVID-19, I will let you know and arrange appointments through videoconferencing.

*Your Confidentiality*

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 about the reason(s) for our visits.

*Use of Waiting Room and Bathrooms*

For now, I ask that you come to my office at the time of our appointment and wait in your car or other location until it is time for our appointment. A public bathroom will be available if you choose to use it; it will be cleaned [each evening, twice a day, etc.] \_\_\_\_\_\_\_\_\_\_\_.

*Wearing Masks*

For now, I require that you wear a mask in all public areas when coming to my office. A mask is not required in my office.

Your signature below acts as an agreement to these terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature

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