# **COVID 19 Informed Consent**

## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let us know if you have any questions. When you sign this document, you are signing that you understand our policies and will serve as an official agreement.

#### Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, we may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if we believe it is necessary, we may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. For counseling clients, reimbursement for telehealth services is determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

#### **Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or

other public health risks). This risk may increase if you travel by public transportation, cab, or ridesharing service.

In addition, if in-home services are warranted, you understand that to keep our therapists safe for in-home services, you will agree to the cleaning protocols that follow.

#### Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

- You will only keep your in-person appointment if you are symptom free.
- You use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room.
- Due to Governor Northam's orders, you will wear a face covering in all areas of the office unless you can not under his exceptions.

- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with staff.
- You will take steps between appointments to minimize your exposure to COVID.
- If a resident of your home tests positive for the infection, you will immediately let staff know and we will then move treatment via telehealth.

Our office reserves the right to change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

## Healing Sounds Commitment to Minimize Exposure

Healing Sounds has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

## If You or I Are Sick

You understand that we are committed to keeping you, the Healing Sounds staff and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If any Healing Sounds staff test positive for the coronavirus, you will be notified so that you can take appropriate precautions.

#### Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to 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 our visits. By signing this form, you are agreeing that we may do so without an additional signed release.

#### **Informed Consent**

This agreement supplements the general informed consent that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.