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

This document contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions.

**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, I may require that we meet via telehealth. If you decide at any time that you would feel safer returning to telehealth services, I will respect that decision.

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

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

**Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions. Initial each to indicate that you understand and agree to these actions:

* You will only keep your in-person appointment if you are symptom free. If you feel ill on the day of our session, you may cancel with no cancellation fee. \_\_
* You will adhere to the safe distancing precautions we have set up in the waiting room. \_\_\_
* A 6-ft distance will be maintained and no physical contact will occur(e.g. no shaking hands). \_\_\_
* You will inform me if you have a job that exposes you to other people who are infected. \_\_\_
* If a resident of your home tests positive for the infection, you will let me know.\_\_\_

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let me know if you have questions about these efforts. If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

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 reasons for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

**Informed Consent**

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

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

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Client Date

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Melanie K. Stone PhD Date