

**Chrysalis Behavioral Therapy and Counseling**  
**Shannon Thornton, LPC, ADHD-CCSP**  
**9555 Lebanon Rd. Ste. 902, Frisco TX 75035**

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

This document contains important information about our decision (yours and mine) 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. When you sign this document, it will be an official agreement between us.

### **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 have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I 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. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law.

### **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 risk). This risk may increase if you travel by public transportation, cab, or ridesharing service. You release me, Shannon Thornton, LPC, ADHD-CCSP & Chrysalis Behavioral Therapy and Counseling from any and all liability if you were to contract COVID 19 or any other illness while receiving services in my office.

### **Your Responsibility to Minimize Your Exposure**

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

Initial here to indicate that you understand and agree to these actions: \_\_\_\_\_

- You will only keep your in-person appointment if you are symptom free and you will wear a mask covering your mouth and nose into and out of the office. You may remove your mask in the therapy room only if you are not coughing or sneezing.
- You will take your temperature immediately before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- You will honestly complete our health screening upon arrival at our office.
- You will wait in your car until I text you to let you know you are able to enter the building.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the building and the therapy room.
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff].
- You will come alone and not bring children or any other family members into the office unless we deem them necessary to your therapeutic goals.
- You will take steps between appointments to minimize your exposure to COVID.
- If you have a job that exposes you to other people who are infected, you will immediately let

me know.

- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know.
- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then [begin] / resume treatment via telehealth.

I may 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.

### **My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. Please let me know if you have questions about these efforts.

*Please wait in your car until you receive a text that I am ready to begin our session. I will meet you at the entry door for contactless entry to the office space. I will also walk you out of the office for a contactless exit. The office lobby will not accommodate any guests, only those being treated for services will enter the office area.*

*Unless otherwise stated, the office kitchen will be closed. Please feel free to bring your own beverage with you to your session.*

*Please plan on using the bathroom at home before our session. Otherwise, time will be taken from your session to disinfect the office bathroom before your session can begin.*

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, my colleagues and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office staff] believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If I [or my colleagues] 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 reason(s) for our visits. By signing this form, you acknowledge I may be required to breach the confidential nature of our relationship and 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/ Guardian Date

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Counselor Date