

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

This Informed Consent for In-Person Services is an addendum to the Informed Consent for Treatment in the original paperwork with Phoenix Rising Solutions, LLC, where the original consent form still applies along with this consent form. Please refer to the original intake documents for more information. 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 the 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 others health concerns arise, however, it 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 anytime 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 determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risk 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).

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, and other clients) 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. 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. _____
- You will take your temperature 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 wait in your car or outside (or in a designated safer waiting area) until no earlier than 5 minutes before our appointment time. _____
- 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 therapy room. _____
- We will discuss that we need to be wearing a mask per governor's orders or practice's policy. _____

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- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. _____
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols to the best of your ability. _____
- 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, other responsibilities, or activities put you in close contact with others (beyond your family), you will let me know. _____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin or resume treatment via telehealth. _____
- I may change the above precaution if additional local, state, or federal orders or guidelines are published. If that happens, we will talk about necessary changes.

If You or I Are Sick

You understand that I am committed to keeping you, me, and all of our families safe from the spread of the virus. If you show up for an appointment, and I 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 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 are agreeing that I may do so without an additional signed release.

I have read and understand the in-person services during COVID-19 and agree to its terms. If I have any questions, I will ask my therapist or practice owner for clarification.

Client Signature (adult or if child is 12 years of age or older)

Date

Parent/Guardian Signature (if child is under 18 years of age)

Date