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**Informed Consent for In-Person Services
During COVID-19 Public Health Crisis**

This document (adapted from the American Psychological Association) 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 you decide at any time that you would feel safer staying with, or returning to, teletherapy services, that will work, as long as it is clinically appropriate. If there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth. If you have concerns about meeting through teletherapy, 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 teletherapy for everyone's well-being.

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).

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions, which will help keep everyone (you, me, and our families, and my 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 teletherapy arrangement. I will adhere to these guidelines as well.

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 proceed using teletherapy or cancel with 24+ hours notice.
- You will come to the waiting room 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 wear a mask to your appointment.
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me.
- You will take steps between appointments to minimize your exposure to COVID.

___ If you have contact with someone who tests positive for COVID, you will immediately let me know and we will then [begin] resume treatment via teletherapy.

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

I have taken steps to reduce the risk of spreading the coronavirus within my office (see attached) and I have posted my efforts on my website and in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, me, our families and my other clients safe from the spread of this 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 require you to leave the office immediately. We can follow up with services by teletherapy 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.

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.

Client Name (print)

Client Signature

Date

Psychologist Signature

Date