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

This document contains important information about resuming in-person services in light of the COVID-19 public health crisis. Please read the following carefully. Once signing this document, it will be an official document placed in client’s chart.

**Decision to Meet Face-to-Face**

Client and clinician 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, the clinician may require that sessions be conducted via telehealth. If client has concerns about meeting through telehealth, please discuss with clinician who will attempt to address these issues. Please note that the clinician and/or Center may determine that sessions will need to return to telehealth for the sake of everyone’s well-being.

If client decides at any time that they would prefer staying with, or returning to, telehealth services, the decision will be respected, if it is feasible and clinically appropriate.KSC will bill insurance for telehealth services when these services have been determined to be covered by an individual’s insurance plan. The standard copay and/or deductibles would apply. In the event that insurance does not cover telehealth (or there is no insurance coverage), you may pay out-of-pocket for services. Please call office for fee determination.

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

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

**Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone safe from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

* \_\_\_\_\_\_\_\_\_ You will keep your in-person appointment only if you are symptom free.
* \_\_\_\_\_\_\_\_\_ You will take your temperature before arriving to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of COVID-19, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, there will not be a charge per our normal cancellation fee policy.
* \_\_\_\_\_\_\_\_ 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 waiting room and testing/therapy room. For example, you will not move chairs or sit where we have signs asking you not to sit.
* \_\_\_\_\_\_\_\_ You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with clinician [or staff].
* \_\_\_\_\_\_\_ You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. Tissues will be available in the therapy office.
* \_\_\_\_\_\_\_ If you are bringing your child, you will make sure that your child follows all these sanitation and distancing protocols.
* \_\_\_\_\_\_\_ You will take steps between appointments to minimize your exposure to COVID-19.
* \_\_\_\_\_\_\_ If you have a job that exposes you to other people who are infected, you will immediately make your clinician aware.
* \_\_\_\_\_\_\_ If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will make your clinician aware.
* \_\_\_\_\_\_\_ If a resident of your home tests positive for the infection, you will immediately make your clinician aware and we will then [begin] resume treatment via telehealth.

The above precautions may be updated if additional local, state or federal orders or guidelines are published.

**My Commitment to Minimize Exposure**

KSC has taken steps to reduce the risk of spreading COVID-19 within the office and we have posted our efforts on our website and in the office. Please let clinician know if you have questions about these efforts.

**If Sick…**

KSC is committed to keeping everyone safe from the spread of the virus. If you show up to the Center with a fever or other symptoms, or believe you have been exposed, you will be asked to leave the office immediately. If your clinician or KSC staff at the site where you meet tests positive for COVID-19, you will be notified so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you have tested positive for COVID-19, KSC may be required to notify local health authorities that you have been in the office. If KSC must report this, only the minimum information necessary for their data collection will be reported. No other details about the reason(s) for the visits will be reported. By signing this form, you are agreeing that KSC may do so without an additional signed release.

**Informed Consent**

This agreement supplements the general informed consent that was agreed upon at the start of the therapeutic relationship.

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

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 Counseling Participant or Legal Representative Date

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 Signature of Parent, Guardian, or Legal Representative Date