

## 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. However, 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 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 honor that decision, as long as it is feasible and clinically appropriate. Please note that in some situations, such as reunification or other court-related treatment, Joint Sessions (*in person*) are often optimal.

### 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.

### 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, my staff, other patients, etc.*) safer from exposure, sickness, and/or possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement. By signing this consent, you acknowledge, understand, and agree to each of the following requirements/actions:

- You will only keep your in-person appointment if you are symptom free.
- If you have a fever and or display related symptoms, please do not request an in-person session. If you have to cancel for this reason, you will not be charged your normal cancellation fee.
- It is recommended that you wait in your car or outside if our lobby at Frisco is congested. The building is public, and this decision is up to you.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. I also have sanitizer in my office.
- You are requested to wear a mask in all areas of the office (*I and my staff will too*).
- You will be required to maintain and respect social distancing protocols, as there will be **no physical contact** (*e.g. no shaking hands*) with me [or staff]

- If you are bringing your child(ren), you will make sure that your child(ren) follows all of these sanitation and distancing protocols as well.
- You will take precautions between appointments to minimize your exposure to the coronavirus.
- If you have a job that exposes you to other people who are (*or potentially are*) infected, you will immediately 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, and/or federal orders or guidelines are published. If that happens, we will discuss any necessary/required changes.

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

My practice has taken steps to reduce the risk of spreading the coronavirus within the office, sanitizing, washing hands in-between sessions, as well as limiting in-office sessions.

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

You understand that I am committed to keeping you, me, my staff, 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 developed a fever or other related symptoms, and/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 staff] am not feeling well, and we need to cancel a session, I will notify you as soon as possible in order to reschedule.

### **Your Confidentiality in the Case of Infection**

Please be advised that 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 visit(s). By signing this form, you are agreeing that I may do so without an additional signed release(s).

## Consent to In-Person Treatment / Sessions (COVID-19)

This agreement supplements the general Informed Consent/Business Agreement that we agreed to at the start of our sessions/work together.

By signing the Informed Consent for In-persons Services During COVID-19 Public Health Crisis form as the Client or Guardian of the Client, **I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS AND CONDITIONS CONTAINED IN THIS FORM REGARDING IN-PERSON SESSIONS/MEETINGS. I HAVE BEEN GIVEN THE OPPORTUNITY TO ADDRESS ANY QUESTIONS AND/OR TO HAVE CLARIFIED ANYTHING THAT IS NOT CLEAR.** If you are not under a Court Order you may stop services at any time. *If I have any questions, I may contact the Privacy Rights Officer, Monika Logan via email at [mlogan@TexasPCS.com](mailto:mlogan@TexasPCS.com) or by phone at (972) 895-2502, Ext. 101.*

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

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Self/Parent or Guardian Signature

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Date

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Printed Name

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Parent or Guardian Signature

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Date

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Printed Name

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Texas PCS Counselor Signature

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Date

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Printed Name