

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

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. For the purpose of this document, “COVID-19” and “the coronavirus” are used interchangeably to refer to the specific virus and related illness that have caused the current 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 you and me, Alicia McArthur, LCMHC.

Decision to Meet Face-to-Face

You and I 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 request that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about first and try to address any issues. You understand that if local or state officials issue another “stay at home” order, we will return to teletherapy sessions or pause our sessions for everyone’s wellbeing.

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 is determined by the insurance companies (if applicable in your case), so that is an issue we may need to discuss. I am doing my best to stay informed on the various deadlines and communications from the insurance companies regarding the reimbursement for telehealth services, but ultimately you are responsible for knowing what services your insurance company and policy covers.

Risk of Opting for In-Person Services

You understand that by coming in 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, taxi, or ridesharing services.

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 office occupants) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in us starting/returning to a telehealth arrangement. Please initial each statement to indicate that you understand and agree to these statements.

_____ You will only keep you in-person appointment if, to the best of your knowledge, you are symptom free.

_____ If possible, you will take your temperature before coming to each appointment. If it is elevated (100 degrees Fahrenheit or more), or if you have other symptoms of COVID-19, you agree to cancel the appointment and/or proceed using telehealth as an alternative. If you wish to cancel for this reason, you will not be charged a cancellation fee.

_____ You agree to arrive as close to your appointment time as possible and if you aren’t able to come directly in to the office, you agree to wait in your car until I contact you to come in. An option for checking in will be provided.

_____ You agree to wash your hands or use alcohol-based hand sanitizer after you enter the building (both options will be provided at the office).

_____ You understand that according to current research evidence, one of the best ways to reduce transmission of the virus is by using a face mask. While in the office, the use of a face mask or

face shield is recommended, particularly when you are in common areas of the office suite. A limited number of masks will be available, so if possible, please bring your own mask. You will also have the option of using a sanitized face shield in the office if you prefer. These will be provided, and are the property of the therapist.

_____ To the best of your ability, you will keep a distance of 6 feet from me and others in the building. There will be no physical contact (e.g., no shaking hands).

_____ You will take steps between appointments to minimize your exposure to the coronavirus.

_____ If you have a job that exposes you to other people who are infected, or if your commute or 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 coronavirus, you will immediately let me know. We will then begin or resume telehealth treatment for an appropriate quarantine period.

I, Alicia McArthur, LCMHC, may change the above precautions if additional local, state, or federal orders or health guidelines are published. If that happens, I will talk with you about any additional changes.

My Commitment to Minimize Exposure.

I have taken steps to reduce the risk of spreading the coronavirus within the office and I have posted this information on my website and communicated it in either email or writing to all of my active clients. Please let me know if you have any questions about these efforts.

If You or Your Therapist Are Sick

You and I both understand that I am committed to keeping you, other tenants in the shared office space, and our families safe from the spread of the virus, to the best of my ability. If you show up for your appointment presenting with a fever or other symptoms, or there is reason to believe you have been exposed to the virus, I will require you to leave immediately. We can follow up via telehealth as appropriate.

If I test positive, or have reason to believe that I have been exposed to the virus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you test positive for the coronavirus around the time of a visit to my office, 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 the health authority's data collection and will not disclose any details about the reason(s) for your visit(s). By signing this form, you agree that I may contact local health authorities in the situation specified above without an additional signed release.

Informed Consent

This agreement supplements the general informed consent/professional disclosure statement that we agreed to at the start of our work together.

I agree to these terms and conditions:

Signature

Date

Printed name