

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

In the event that we 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 require that we meet via through a secure on-line platform (called VSee). If you have concerns about meeting through this means, 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 the on-line platform for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, the on-line services, I will respect that decision, as long as it is feasible and clinically appropriate. **It is most important that in this case you are able to be private while we are conducting our appointment.**

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, and our families, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to an on-line 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 you have any symptoms of the coronavirus, you agree to cancel the appointment or proceed using the on-line method. 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 until no earlier than 5 minutes before our appointment time. ____
- You will wash your hands or use hand sanitizer when you enter the building. ____
- You will keep a distance of 2 metres and there will be no physical contact (e.g. no shaking hands) with me. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ____
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. ____
- 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 or 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 [and my staff] know and we will then [begin] resume treatment via on-line conferencing____

I may change the above precautions if additional local, provincial or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our 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, and all of our families 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 have to require you to leave the office immediately. We can follow up with services by tele-conference as appropriate.

If I become ill or 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 communicate with the 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 and I agree to these terms and conditions.

Client

Date

Therapist

Date