**COVID-19 POLICY\_2022-2023**

**INFORMED CONSENT FOR IN-PERSON SERVICES**

This document contains important information about our decision (yours and mine) to resume/begin in‐person services considering the COVID‐19 public health emergency. 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 In-person**

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 telehealth. If you have concerns about meeting via telehealth, we will talk about it first and try to address any issues. It’s important to 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 respect that decision, if it is feasible and clinically appropriate.

**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, other building tenants and 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 telehealth arrangement.

By agreeing to this policy, you are indicating that you understand and agree to these actions:

***NOTE: At this time face masks are optional although, that may change to requiring them based on the COVID infections trends. Otherwise, if you wish to wear a mask, please feel free to do so and if you like me to wear a mask during our in- person sessions please let me know.***

* You will only keep your in‐person appointment if you are **symptom free**.
* If you or any member of your household have any symptoms that could be indicative of the coronavirus or are awaiting test results, you agree to cancel the in-person appointment and conduct the session via telehealth. If you wish to cancel for this reason, you will not be charged the usual cancellation fee.
* You will not come into the office waiting area any earlier than 5 minutes before our appointment time.
* You will wash your hands or use alcohol‐based hand sanitizer when you enter the waiting area (this will be provided for you).
* If you are bringing your child, you will make sure that your child follows all these sanitation and health protocoles.
* If you have had a close contact within seven (7) days of our scheduled session that exposed you to COVID (including someone who is awaiting test results), you will immediately let me know and we will revert to telehealth for that scheduled session.

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**

My practice has taken steps to reduce the risk of spreading the coronavirus within 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 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 may 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 test positive for the coronavirus or I am notified that I was in a close contact to someone who has Coronavirus, I will notify you immediately so that we can decide how to proceed.

**Commitment to In-Person Services**

I am coming into the office on specific day(s) of the week to keep our commitment to in-person services. I am asking that you do the same. If you wish to change your appointment to telehealth, for any other reason than stated above, **kindly contact me no later than 24 hours prior to your scheduled session** so that we can discuss it and accommodate the change.

**Informed Consent**

This policy supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below indicates that you agree to the above outlined conditions.

Client Name: Date

Client Signature:

Clinician Name: Bebe Brezanin-Brusky, MSW, LCSW Date

Clinician Signature: