

0. 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. 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 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 respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

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.

Risks to Confidentiality

As COVID-19 is more easily transmitted indoors when individuals spend longer than 15 minutes in enclosed spaces, we will be meeting outdoors. As a result, there is potential for others to overhear conversations that are intended to be confidential between therapist and client. There is also the possibility that a friend or familiar acquaintance may be walking in the area and pass by the office. I recognize that while every effort will be made to maintain confidentiality, the nature of outdoor sessions is that some exposure will occur. I acknowledge that I am comfortable with this. I also understand that if I do come into contact with an individual whom I am acquainted with, I have the right to choose whether to disclose if I am in therapy. My therapist will follow my lead and make every effort to preserve client confidentiality and privacy. Should my therapist come into contact with a person she knows, my therapist will not acknowledge me as a client or the therapy session as counseling to preserve confidentiality.

When You Arrive For Your Appointment

When you arrive for your appointment, please remain in your car. There may be a previous appointment still going on, and to maintain as much confidentiality as possible, your car will be serving as the "waiting room" for the time being. Please look for the sign in the parking lot to TEXT Nicole Johns to let her know you have arrived, and she will return your text WHEN SHE IS READY FOR YOU!

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 a telehealth arrangement. Check 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 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 therapy room. For example, you won't 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 me.
- You will wear a mask in all indoor areas of the office.
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then resume treatment via telehealth.

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.

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 telehealth as appropriate.

If I 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 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 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.

Checking this box indicates that you agree to these terms and conditions.

Checking this box indicates that you prefer to continue with TELETHERAPY SESSIONS ONLY.