

Creative Family Counseling, LLC

4330 South Lee St, Suite 600-A

Buford, GA 30518

Phone 770-648-2500 Fax 470-466-0500

Client Name: _____

Therapist Name: _____

Informed Consent for In Person Sessions 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. We cannot guarantee insurance coverage for telehealth services.

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, 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, other CFC staff 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.

- You will only keep your in-person appointment if you are symptom free.
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.
- You will wait in your car in the parking lot until no earlier than 5 minutes prior to your appointment time, text your therapist to let you know you are there, wait for a response from your therapist and then walk up to the lobby door. Therapist or staff will then take your temperature prior to entering the office. It is highly encouraged that you bring your own mask, but you are not required to wear one
- You will wash your hands or use our alcohol-based hand sanitizer when you enter the building.
- You will try to keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me or CFC Staff.

- 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. **Waiting room and child play waiting room will be closed. No one will be allowed to wait in the lobby.**
- 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 and CFC Staff know.
- If your commute or other responsibilities or activities put you in close contact with others who are infected (beyond your family), you will let me and other CFC staff know.
- **If a resident of your home tests positive for the infection, you will IMMEDIATELY let me and CFC staff know and we will then begin/resume treatment via telehealth.**

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, other CFC staff and all of our families safe from the spread of this virus. If you show up for an appointment and I, or CFC office staff identify 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 or CFC staff 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

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and /or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, while I or my child(ren)'s attend in-person appointments at CFC. On my behalf and /or on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless Creative Family Counseling, its employees, agents, and representatives from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

This agreement supplements the CFC Informed Consent that we agreed to at the start of our work together.

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

Client/Legal Guardian

Date