



Informed Consent for In-Person Services During COVID

The following document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID19 public health crisis. Please read carefully and let me know if you have any questions. This document will be an official agreement between us after completing your signature.

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, I may require that we meet via telehealth. You understand that, if I believe it is necessary, I may determine that we return for 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 is determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risk 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 have traveled by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions/protocols which will help keep everyone 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. The details of these protocols are laid out in a separate document in which you will sign and agree to. The following is a list of your responsibilities:

- You will complete a symptom checklist within 24 hours of your appointment and will cancel your appointment if you are experiencing any symptoms.
- You will wait in your car outside until the time of your appointment.
- You will use hand sanitizer upon entering the building/office.
- You will adhere to social distancing precautions laid out in the safety protocols.
- You will use a mask at all times while in the office building.
- You will take steps outside of your appointment to minimize exposure to COVID19.
- You will inform your counselor immediately if you have been exposed to COVID19 and will return to Telehealth treatment.
- You will complete all payments for treatment online.

I may change the above precautions/protocols if additional local, state or federal guidelines are published. If this happens, we will discuss the necessary changes

My Commitment to Minimize Exposure

Stained Glass Counseling, LLC has taken steps to reduce the risk of spreading the coronavirus within the office. These efforts can be found posted at the office, on

Stained Glass Counseling's website, and in the COVID protocols document you have signed. If you have any questions please let me know.

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.

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

Client Name Printed

Client Signature

Date

Counselor Signature

Date