

Informed Consent Information
For In-office counseling sessions during the COVID19 pandemic.

It is no secret that there is an epidemic, and important to understand that all of our activities, now, should take into account the risks and benefits entailed. In-person counseling has advantages over distance counseling done by telephone or by face-time platforms, but in-person counseling also entails risks that are avoidable. By agreeing to work in-person you also agree that you understand the risks and accept those risks.

Our office will exercise as much care as is reasonably possible by the following steps, but your own safety and others' safety will require you to exercise similar care, as well:

1. When you come to our office please maintain six feet of space between yourself and others in the waiting room.
2. Between appointments, we will do our best to disinfect the office. No effort to disinfect an office space can be perfect. You can be safer and make others safer by not touching anything in the office that you do not need to touch.
3. In that same vein, any toys or supplies your child uses will either be sanitized between uses or held aside for only your child's use.
4. To the extent possible everyone should wear a mask – masks are for others' protection, not our own, and everyone should maintain social distance whenever in the office or the building.
5. If you, or if anyone in your family has any symptoms of the virus (see symptoms on the Mayo Clinic website <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963>), notify your therapist to cancel your in-person appointments. You will still be able to keep your counseling appointment by some distance means.
6. If you or someone in our office tests positive for the virus, contact tracing may be required by a local, state, or federal authority. In that event our office would be compelled to disclose your name and contact information for the limited purpose of contact tracing.

We believe it should be your decision whether to participate in counseling in person or by means of distance devices. Our office will provide either form of counseling for you. By coming to our office, you agree, you understand, and you accept the risks entailed. You agree to cooperate with our efforts to protect you, to protect others, and to protect ourselves, by following safe practices including the steps listed above. You have had an opportunity to ask any questions and your questions have been answered.

Printed Names of all clients this form pertains to

Client (or responsible parent signature)

Date

