

## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains important information about our decision (yours and mine) to begin or 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, and an indication that you have read and understand all criteria and risks for in-person services.

### **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 (especially County-wide in Palm Beach County and North Broward County, and/or local to the office area in Boca Raton), 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 for any reason, I may determine and require that we return to telehealth for everyone's well-being until further notice.

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**

Most services can be provided as safely and effectively via telehealth sessions as in-person sessions, and your clinician has a lot of experience in successfully providing telehealth services. You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus/COVID-19 (or other public health risk) and will not hold this clinician or office liable in the event of exposure. This risk may increase if you travel by public transportation, cab, or ridesharing service.

### **Your Responsibility to Minimize Your Exposure (Please Read This Section Closely)**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other clinicians and clients within the larger office suite) 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 at my discretion. ***Initial each point below to indicate that you understand and agree to these actions:***

- You will only keep your in-person appointment if you are symptom free (Symptoms may include any of the following: sneezing, coughing, elevated temperature/fever 100 degrees Fahrenheit or above, difficulty breathing, chills, body aches, continuous gastrointestinal issues such as nausea/vomiting/diarrhea, or others). Please be aware that other health issues that mimic the symptoms of COVID-19 such as the common cold, flu, pneumonia, or allergies will also be sufficient reason for asking you not to come in and switching to telehealth or rescheduling until symptoms have subsided. \_\_\_\_
- 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 noted above, 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 or outside the office suite until no earlier than 5 minutes before our appointment time. I can arrange to message you when it is okay to come up to the suite for your session. \_\_\_\_
- 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 testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- You will wear a mask in all areas of the office (I will too). This is requested currently by the larger office suite as a whole. \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands, high fives, fist bumps, etc.) with me. \_\_\_\_
- 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. \_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who may be infected or groups of people throughout the day (healthcare, hospitality (hotels/restaurants or bars), grocery stores, public transit/ride-sharing, etc.), you will immediately let me know. \_\_\_\_
- If your commute or other responsibilities, work/personal travel, or activities put you in close contact with others (beyond your family), you will let me know. This may also apply if someone in your family is in close contact with others/groups or in a job noted above. \_\_\_\_
- If you have recently traveled within 1-2 weeks prior to a session, especially to areas where physical distancing of 6 feet or more was not possible, or to cities/counties/states where there is a high number of COVID-19 cases, you agree to let me know so we can make arrangements for a possible telehealth session that week. \_\_\_\_
- If you or any other resident of your home tests positive for the infection or may have been exposed to someone who has tested positive, you will immediately let me know and we will then begin/resume treatment via telehealth. This includes being exposed to anyone who is not symptomatic (asymptomatic) but has tested positive. \_\_\_\_

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. In the event of another emergency order, state/county/city requirement, or strong recommendation for physical distancing or stay-at-home, telehealth may be resumed immediately at therapist's discretion until lifted again.

### **My Commitment to Minimize Exposure**

I have taken steps (noted on page 4 of this consent form) to reduce the risk of spreading the coronavirus (within my office only) within the larger suite, including sanitizing and cleaning shared or high-touch areas within my office suite between sessions, spacing out in-person session times to allow for cleaning, and ensuring hand sanitizer is available. As noted above, masks or protective face coverings are requested by all (clinicians and clients) to enter the main office suite and while moving throughout. 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 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. This applies to any other illness such as the common cold, the flu, or any other illness that produces symptoms as noted above. 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. If I am sick with any other communicable illness, I will also reach out to reschedule or offer a telehealth session instead.

**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 (or guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client (or guardian) Printed Name

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

**Anthony Naguiat, LMHC, MCAP**  
Therapist Printed Name

**Office Safety Precautions in Effect During the Pandemic**

I am taking the following precautions within my office to protect clients and help slow the spread of the coronavirus.

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- I will wear masks, and clients are asked to wear masks to enter/walk through the larger suite.
- I will maintain safe distancing (6 foot minimum distance, including during sessions, and no physical contact with clients including handshakes, high-fives, fist bumps, etc.).
- Hallway Restrooms soap dispensers are maintained and everyone is encouraged to wash their hands prior to entering the suite for session.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy room.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times. I can arrange to contact you / text you when it is ok to come up to the suite.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use, or an invoice can be created to allow for electronic payment. I can also accept Apple Pay and Google Pay contactless payments.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common and high-touch areas within my office are thoroughly disinfected at the end of each day and between clients.