

# Informed Consent for In-Person Therapy During COVID-19 Public Health Crisis

This document contains important information about our decision (you, your counselor, and SWFL Counseling LLC) to resume in-person therapy 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 you, your counselor, and SWFL Counseling LLC.

#### Decision to Meet Face-to-Face

We have agreed to meet in-person for some of all future sessions. If there is a resurgence of the pandemic, or if other health concerns arise, your counselor and/or SWFL Counseling, LLC may require that sessions be conducted 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 your counselor and/or SWFL Counseling, LLC may determine that we return to telehealth for everyone's safety and well-being.

If you decide at any time that you would feel safer staying with, or returning to telehealth therapy, your decision will be respected and honored, as long as it is feasible and clinically appropriate. Reimbursement for telehealth therapy, 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 Therapy

or sanitize your hands.

You understand that by coming into 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 ride sharing service.

### Your Responsibility to Minimize Your Exposure

To obtain therapy in person, you agree to take certain precautions which will help keep everyone (you, your counselor, our families, and everyone connected to SWFL Counseling, LLC) safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in starting/resuming a telehealth arrangement.

Please Initial Each to Indicate Your Understanding and Agreement:
• You will only keep your in-person appointment if you are symptom free
You agree to have your temperature taken before coming to each appointment. If it is
elevated (100°F or more), or if you have other symptoms of the coronavirus, you agree to
cancel the appointment or proceed with telehealth. If you wish to cancel for this reason, you
will not be charged the typical cancellation fee
• You agree to wait in your car or outside the office until called to enter SWFL Counseling, LLC
for your scheduled appointment
• You agree to wash your hands or use an alcohol-based hand sanitizer upon entering the
office
• You will adhere to the safe distancing precautions (6 feet) recommended by the CDC that
we have set up in the therapy room
$\bullet$ You will wear a mask in all common areas of the office. You are NOT required to wear a mask
during your sessions; however, if you feel more comfortable with you and/or your counselor
utilizing a face covering, please ask
• There will be NO physical contact with your counselor or any other clients
• You will try not to touch your face or eyes with your hands. If you do, you immediately wash

<ul> <li>If you are bringing your child, you will ensure that your child also follows safe distancing protocols.</li> <li>You will take steps between appointments to responsibly minimize your COVID-19.</li> </ul>	exposure to
<ul> <li>If you have a job that exposes you to other people who are infected, your counselor</li> <li>If you or a resident in your home is exposed to COVID-19, presents for a for COVID-19, you will immediately let your counselor know and we will therapy via telehealth</li> </ul>	test, or tests positive
The above procedures may change if additional local, state, or federal care published. If that happens, we will discuss any necessary changes.	orders or guidelines
SWFL Counseling, LLC's Commitment to Minimize Exposure SWFL Counseling, LLC and its associated counselors have taken steps to r spreading the coronavirus within the office. We have documented our ef and in the office. Please advise your counselor if you have any questions	forts on our website
If You or Your Counselor is Sick You understand that we are committed to keeping you, your counselors, Counseling, LLC, and all our families safe from the spread of this virus. If yo appointment and it is believed that you have a fever or other symptoms, you have been exposed, you will be required to leave the office immedia up with therapy via telehealth as appropriate.	ou show up for an or it is believed that
If your counselor, or any other counselor in the office tests positive for the be notified so that you can take appropriate precautions.	coronavirus, you will
Your Confidentiality in the Case of Infection  If you have tested positive for the coronavirus, your counselor and/or SWFL Counseling, LLC may be required to notify local health authorities that you have been in the office. If this must be reported, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your therapy. By signing this form, you are agreeing that we may do so without an additional signed release.	
Informed Consent This agreement supplements the general informed consent/business agreed to at the start of your therapy.	eement that was
Your signature below indicates that you agree to these terms and conditions.	
Client Signature	Date
Therapist Signature	 Date
SWFL Counseling, LLC	Date