

---

## 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 participate 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

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.

### Your Understanding and Agreement:

- You will only keep your in-person appointment if you are symptom free.
- 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.
- 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.
- If you are bringing your child, you will ensure that your child also follows all sanitization and safe distancing protocols.
- **If you or a resident in your home is exposed to COVID-19, presents for a test, or tests positive for COVID-19, you will immediately let your counselor know and we will begin/resume therapy via telehealth.**

The above procedures may change if additional local, state, or federal orders or guidelines are published. If that happens, we will discuss any necessary changes.

### **SWFL Counseling, LLC's Commitment to Minimize Exposure**

SWFL Counseling, LLC and its associated counselors have taken steps to reduce the risk of spreading the coronavirus within the office. We have documented our efforts on our website and in the office. Please advise your counselor if you have any questions about these efforts.

### **If You or Your Counselor is Sick**

You understand that we are committed to keeping you, your counselors, the staff at SWFL Counseling, LLC, and all our families safe from the spread of this virus. If you show up for an appointment and it is believed that you have a fever or other symptoms, or it is believed that you have been exposed, you will be required to leave the office immediately. We can follow up with therapy via telehealth as appropriate.

If your counselor, or any other counselor in the office tests positive for the coronavirus, you will be notified so that you can take appropriate precautions.

### **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 agreement that was agreed to at the start of your therapy. Your signature below indicates that you agree to these terms and conditions.

---

Client Signature

---

Date

---

Therapist Signature

---

Date

---

*BLHoffacker, LMHC-QS, Practice Owner*

---

*6/30/2021*

---

SWFL Counseling, LLC

---

Date