



## **Consent for Returning to In-Person Psychological Services**

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, my practice has transitioned to providing most services via telecommunications technology. Telecommunications technology reduces the need for people to come into close contact with each other or be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate. We have determined that in-person services are appropriate at this time for your situation for the following reasons:

1. Due to limitations in technology and the limitations involved in telepsychology, we have determined that in-person sessions are the best way to meet your needs.
2. You have agreed to follow safety protocols and inform me if you suspect that you may have been infected with COVID-19.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. A return to remote services may be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that while insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and your insurance company may no longer reimburse teletherapy.

In order for me to provide you with in-person services, the following protocols must be followed by clients and providers: Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.

- Clients will be required to wear face coverings or masks while entering the office and during times in which a six feet distance cannot be maintained. I will also wear a mask when a six feet distance cannot be maintained.
- Hand sanitizer will be provided at the office entrance and must be used upon entering the office.



- There will be no physical contact with others in the office.
- You will be asked to wait in your vehicle or outside the office until five minutes before your scheduled appointment start time.
- You agree to cancel in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19, or if you have been exposed to another person who has shown signs of infection or has confirmed COVID-19 within the past two weeks. Under these circumstances, your appointment may either be postponed or conducted through teletherapy. If you are unable to participate in a teletherapy appointment under these circumstances, the usual policies of payment for late cancellations will be suspended.
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

As COVID-19 regulations continue to evolve, I may become legally required to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

We are committed to following state and federal guidelines and adhere to the prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or are considering transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above to engage in in-person services.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date