

Consent for In-Person Services During COVID-19

This document contains important information about the decision between therapist and client to resume, or begin, in-person services during the COVID-19 public health crisis. Please read this carefully and let your therapist know if you have any questions. When you sign this document, it will be an official agreement between you and your therapist.

Decision to Meet Face-to-Face

I 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, your therapist may require that you meet via telehealth. CCC will follow any guidelines established by government or any other health official mandates. The decision to return, or begin, telehealth sessions will be for everyone's well-being.

If at any time you feel safer returning to, or beginning, telehealth services, your therapist will respect your decision, as long as it is feasible and clinically appropriate. The insurance companies and applicable law determine reimbursement for telehealth services. You understand that your insurance benefits may be different for telehealth therapy in lieu of in-person sessions. Our administrative staff is happy to discuss these benefits with you.

Risk of Attending In-Person Services

I understand that by coming to the office, I am 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 ridesharing services.

Responsibility to Minimize Exposure

To obtain services in person, you agree to take certain precautions, which will help keep everyone (you, your therapist, your families, CCC staff and other clients) 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.

- I will complete the Client Screening Questionnaire with my therapist. If I answer "yes" to any question I will reschedule my appointment for a minimum of 14 days following being symptom free. I will update my therapist if any answers to the questionnaire have changed before meeting.
- I will call my therapist upon arriving at the office and will wait in my car until my therapist calls me and completes the Client Screening Questionnaire.
- I understand that new protocols are in place for entering the office to adhere to the distancing precautions and limiting exposure to contamination from touching door handles, etc.
 - Both my therapist and I will wear protective facemasks entering and exiting his/her office. It will be our mutual decision whether to keep these on during our session.
 - My therapist will open the building door, escorting me to his/her office.
 - The waiting room has been cleared of all seating, activities, reading material and refreshments, as we will not be using it during this time period. It has been a CCC priority to take care of our clients while they wait by offering beverages, candy, having a comfortable waiting area for them to read or play activities with children, etc., but our priority has shifted to keeping our clients safe and healthy. Your therapist will have water bottles for you, but if you wish to have another beverage you are welcome to bring your own.
 - I will either wash my hands upon arriving in the office or use hand sanitizer provided by my therapist. Protective gloves will also be worn if the need to touch any therapeutic tool is necessary or recommended.

- Both my therapist and I will refrain from any physical contact (e.g. hand shaking) and we will keep a distance of 6 feet when therapeutically appropriate as possible.
- If I am bringing my child, I will communicate these changes in expectations and protocols to my child so s/he is aware of their need to follow these procedures as well. When I am not part of my child's session I will wait in my car and my child's therapist will call me when they are done. My therapist will bring my child to the building entrance for me to then escort my child to our car.
- I understand that to create the safest space possible, my sessions will be shortened to 45 minutes allowing my therapist to sanitize their office in-between each session.
- To minimize risk of contamination it is requested and recommended that I pay for my co-payment/co-insurance/deductible responsibility at the end of each session via the CCC website payment portal.

If My Therapist, or I Become Ill

I understand that my therapist, and the entire CCC team, is committed to keeping myself, my family, and its entire staff and clientele safe from the spread of this virus. If your therapist becomes sick or tests positive for the coronavirus, we will notify you so that you can take appropriate precautions. We ask that you contact us immediately if you, or someone you've been exposed to, has become ill or tested positive for the coronavirus so that your therapist and the CCC staff can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that this information will be disclosed without an additional signed release.

Informed Consent

This agreement supplements the general informed consent 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 Signature/Signature of Legal Guardian or Parent if client is under 12

 Date

 Therapist Signature

 Date