



Individual, Couples and Family Counseling
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INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to 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.

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, however, I may require that we meet via tele-health. If you have concerns about meeting through tele-health, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to tele-health for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, tele-health services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for tele-health 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

You understand that by coming to 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 services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other clients) safer from exposure to COVID 19. If you do not adhere to these safeguards, it may result in our starting / returning to a tele-health arrangement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. _____
- If you have a fever or other symptoms of the coronavirus, you agree to cancel the appointment or proceed using tele-health. 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 [or in a designated safer waiting area] until I text to invite you in. _____
- 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 building and my therapy office. 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). _____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me _____
- You will take steps between appointments to minimize your exposure to COVID. _____
- If you have any exposure to other people who are infected, you will immediately let me know. _____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. _____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then resume treatment via tele-health. _____

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.

My Commitment to Minimize Exposure

I have taken steps to reduce the risk of spreading the coronavirus within the office. These include wiping down surfaces with disinfecting wipes, running an air purifier with a HEPA filter and UV light, and minimizing my own potential exposure to the virus through vaccination, safe distancing and mask wearing.

Vaccination

I am fully vaccinated against COVID 19 (I received the second dose of the Moderna vaccine on 1/28/21). If you are fully vaccinated (i.e. ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine), we may consider removing our masks when inside my office, per CDC guidelines. In all other cases, I will wear a mask and require you to wear one as well.

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. We can follow up with services by tele-health as appropriate. If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

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.

Patient/Client

Date

Marriage and Family Therapist

Date