



## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PANDEMIC

3900 WEST BROWN DEER ROAD, SUITE 200  
BROWN DEER, WI 53209  
PHONE: 414.540.2170 • FAX: 414.540.2171  
WWW.SHOREHAVENBHI.COM

This document is an agreement for deciding to meet jointly in person during the pandemic. If you have questions, please inform your therapist.

### **My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the COVID-19 and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

### **Decision to Meet In-Person, Face-to-Face**

We have weighed the risks and benefits of in-person, face-to-face meetings during the COVID-19 pandemic and decided to meet with you in person for some or all future sessions. We place the highest priority on the safety and well-being of clients, therapists, staff, and those close to clients and therapists. Therefore, due to any increase in the pandemic in Wisconsin or to protect vulnerable persons, *I may require that we meet via telehealth entirely or for a period of time.* For everyone's well-being, if I judge it necessary to meet by telehealth, we will talk about any reservations you may have about telehealth.

If you believe you will be safer meeting through telehealth services, and if I determine it is practical and clinically appropriate, we can meet by telehealth instead of in person.

Remember that reimbursement for telehealth is determined by the insurance companies and state and federal laws. We will inform you if your insurance company places some limitations on telehealth.

### **Risks for Choosing In-Person, Face-to-Face Meetings**

You understand that by meeting at the office or in your home, you assume the risk of exposure to the COVID-19 (or any other health risk). This risk may increase if you travel to the office by public transportation, cab, or ride-sharing service.

### **Your Responsibility to Limit Your Exposure**

We want to protect the welfare of our clients and staff and the families of all those people, including you and your family. We want to prevent exposure to COVID-19 and illness. So, we have some requirements and precautions for in-person meetings. For in-person services, you understand and agree to these safety precautions. If we cannot meet these requirements, we will stay with telehealth.

- Keep your in-person appointment only if you are free of symptoms.
- If you have a fever (especially if over 100 degrees Fahrenheit), cough, shortness of breath, muscle aches, loss of taste or smell, runny nose, or stomach upset, or any other symptoms of the COVID-19, you agree to cancel the appointment or use telehealth.
- To minimize contact with others in the waiting room, come into our office suite only a few minutes before our appointment time.

- When you enter the building, wash your hands or use alcohol-based hand sanitizer.
- Maintain safe distance of over six feet in the waiting room and therapy room. We will have the chairs spaced appropriately.
- Wear a face covering in all areas of the office. I will also wear a mask. In the session, if we feel at a safe distance, we can continue with only one person wearing a mask.
- Try to keep your hands away from your face or eyes.
- Bring to the session only family members necessary for the visit and make sure if you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols as well as his or her age permits.
- You will take steps between appointments to minimize your exposure to COVID-19.
- If you have a job that exposes you to other people who are infected, you will immediately let me know so we can decide on the best course of action.
- 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 begin or resume treatment via telehealth.

I may change the above precautions as additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, my staff, and all of our families safe from the spread of this virus. If you show up for an appointment and I or my office staff 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. We can follow up with services by telehealth as appropriate.

If I, or a member of my staff with whom I am in contact, test positive for the COVID-19, I will notify you so that we can jointly take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you test positive for the COVID-19, 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 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 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 Name	Patient/Client Signature	Date

_____	_____	_____
Psychotherapist Name	Psychotherapist Signature	Date