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Informed Consent for In-Person Services during Covid-19 Public Health Crisis

This document contains important information about the decision between you and your therapist to resume in-person services in light of the 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 agreement between you, your therapist and Supportive Solutions Mental Health Counseling Services, PLLC.

**Decision to Meet Face-to-Face**

You and your therapist 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, your therapist may require that you meet via telehealth. If you have concerns about going back to telehealth, you may talk about it first and your therapist will try to address the issue. You understand that, if your therapist and/or Supportive Solutions Mental Health Counseling, PLLC believe it is necessary, it may be determined that you return to telehealth for everyone’s well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, your therapist will respect that decision, as long as it is clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue you and your therapist 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 ridesharing service.

**Your Responsibility to Minimize Exposure**

You will only keep your in-person appointment if you are symptom free.

You will take your temperature before coming to each appointment. If it is elevated (100

Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, your therapist won’t charge you the normal cancellation fee. You will be asked to agree to these terms and disclose your temperature before each appointment (your signature will be required before each session).

You will wait in your car or outside (or designated safer waiting area) until no earlier than 5 minutes before the appointment time.

You will wash your hands or use hand sanitizer immediately after you enter the building. (There are numerous sanitizing stations installed in the building.)

You will adhere to the safe distancing precautions your therapist has set up in the therapy room. For example, you won’t move chairs or sit where there are signs asking you not to sit and maintain at least 6 feet distance between you and your therapist. There will be no candy dishes or drinks available until further notice.

You will wear a mask in all hallways of the building and in therapist office (therapists and staff will were masks too).

You will keep a distance of 6 feet or more and there will be no physical contact (e.g. no shaking hands with therapists or building staff).

You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands (sanitizer will be provided in the offices).

If you are bringing your child or adolescent for therapy, you will make sure that your child follows all of these sanitation and distancing protocols.

You and your therapist agree to take steps between appointments to minimize your exposure and follow safety guidelines mandated by New York State.

If you have a job that exposes you to those who are infected, you will let your therapist know ASAP.

If you have traveled at any point in the past fourteen (14) days either internationally or to a state or community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19 you will let your therapist know ASAP and you will resume telehealth until the mandated quarantine time has ended.

**If you or a resident of your home tests positive for the infection, you will let your therapist know immediately and we will resume treatment via telehealth. If you have been in contact with a person who may be at risk for being infected by COVID-19 you must let your therapist know immediately and you will discuss resuming treatment via telehealth for at least 14 days.**

**Therapist Commitment to Minimize Exposure**

The practice has taken steps to reduce the risk of spreading the virus within the office and we have posted our efforts in each office. Please let me know if you have questions about these protocols.

**If You Are Sick**

You understand that we are committed to keeping you, therapists, building staff, and all of our families safe from the spread of this virus. If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believe you have been exposed, your therapist will have to require you to leave the office immediately. You can follow up with services by telehealth as appropriate.

**Your Confidentiality in the Case of Infection**

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

If your therapist (or someone at your therapist’s residence) tests positive for coronavirus or becomes aware of someone testing positive within the Harlem Rd Community Center Building you will be notified so that you can take appropriate precautions.

**Informed Consent**

This agreement supplements to the counselor-client agreement that you and your therapist agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

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Client Date

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Therapist Date

**Participation in in-person services includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I, the Client, knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19 and hereby release, waive and forever discharge any and all liability, claims and demands of whatever kind or nature against my therapist, Supportive Solutions Mental Health Counseling, PLLC and its affiliated partners, including in each case without limitation, their employees, students/interns, volunteers and the Landlord (Town of Amherst).**

**CLIENT PLEASE INITIAL \_\_\_\_\_\_\_\_\_\_\_**

**For all follow up appointments:**

**By signing below I agree to the following:**

* **I affirm that I, as well as all household members, do not currently have a fever, fatigue, dry cough, or difficulty breathing, nor have experienced any of these symptoms of COVID-19 within the last 14 days.**
* **I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.**
* **I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.**
* **I affirm that I, as well as all household members, have not traveled outside of the country or to any city or town considered to be a “hot spot” for COVID-19 infections within the past 30 day.**

**Session Date Temperature Report Signature**