



This form contains important information about our decision to conduct in-person services regarding the COVID-19 public health crisis and to set expectations surrounding some corresponding changes to facilitate health safety for our meetings. Please read this carefully and share any questions

you have before initialing and signing this document, as it will be an official agreement between us.

Decision to Meet In Person

We have agreed to meet in person for some or all future sessions. Please understand that if there are any future state emergency limits, shelter in place orders or illness impacting our ability to meet, we will develop a reasonable plan to reschedule or meet using tele-mental health or alternative communication resources that meet the confidentiality requirements necessary to work together.

If you decide at any time that you are comfortable moving or returning to tele-mental health services, we will outline the plan and confirm that the communication method is clinically appropriate. The plan will include payment/reimbursement for tele-mental health services as it may vary with your health insurance plan and applicable law.

Risks of Opting for In-Person Services

Please understand that by coming to the oce, and/or meeting for such services in any other venue, you are assuming the risk of exposure to the coronavirus (or any other public health risk); and you agree to waive all rights and claims against GPS and me (your therapist) both jointly and severally for damages arising therefrom. This risk may increase if you travel by public transportation, cab, or ride-sharing service. Furthermore, understand that if there is a case at GPS, the director will be required to report the information of all oce visitors from that day.

Practice Steps to Reduce Exposure

GPS has taken steps to reduce the risk of spreading the coronavirus within the oce. We have implemented the guidelines outlined by CDC and/or state & local health departments to improve safety from virus contagion. Please understand that if your therapist or anyone in the oce tests positive for the coronavirus, we will notify you so that you can take appropriate precautions as you deem necessary. Although these steps will improve safety, it is impossible to guarantee any outcome with an invisible virus. Please let us know if you have questions about these efforts.

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New Waiting Room Rules

To enhance safety, you will need to wait in your car when you arrive at your appointment. Please text your therapist upon arrival and your therapist will text you when she/he is ready for you to come up to the oce for the session. Please wear a face mask that covers your nose and mouth at all times, subject to any written health orders by a physician.

Upon entering the oce, we are requiring that clients either wash their hands or use alcohol based hand sanitizer and maintain a distance of 6 feet of all other persons, including therapist, to help protect against virus transmission. Clients will also be checked for temperature with a touchless thermometer upon arrival.

Commitment to Minimize Your Exposure

To obtain services in person, you agree to take reasonable safety precautions to (you, your family members, our sta, other clients and your therapist) reduce exposure from any contagious illness. If you do not adhere to these safeguards, it may result in immediate changes in our meeting arrangement.

Please initial each to indicate that you understand and agree to these actions:

I agree to only come to an appointment when I am symptom free and have been symptom free for a period of 10 days.

Initials

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(Symptoms include recent onset of one or more of the following: body aches, loss of smell or taste, headache, diarrhea, vomiting, coughing, shortness of breath, difficulty breathing, fever, chills, sore throat or any newly discovered health symptom associated with any contagious virus.)

I agree to follow the new waiting room rules noted above.

Initials

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If I have been exposed to, shared a workspace or living arrangement with a person infected by COVID-19, I will immediately disclose the information in advance of our appointment time by phone or email and we will work together to set up a new meeting time or possible alternative means of communication.^{2/4}

Initials

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I understand that if I appear to be physically ill at an appointment or I have a fever when my temperature is checked before the session, I will be required to leave immediately and understand I will be contacted to reschedule our appointment, possibly temporarily involving another form of communication.

Initials

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Further, I will participate with my therapist in developing a safety plan that considers myself, my family and GPS Sta safety from COVID-19. I understand that this will be documented in my file.

Initials

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Are you vaccinated for COVID-19?

Yes ___

No ___

Would you like your therapist to talk with you about where you can get a vaccination?

Yes ___

No ___

The above precautions will be adjusted, if additional local, state or federal orders or guidelines are published. If that happens, the content may be subject to change, and we will review the changes.

Informed Consent

This agreement supplements the general informed consent/business agreement that you, GPS and your assigned therapist agreed to at the start of your work together.

Your signature below shows that you have read and agree to all above terms and conditions.

Signature _____ Date _____