

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours, your child's and mine) to resume/continue in-person services in light of the on-going 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 worsening resurgence of the pandemic and/or if other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, 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 telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. If you are getting reimbursed for our services by your insurance company, we may need to discuss how your insurance company handles telehealth services.

Risks of Opting for In-Person Services

You understand that by meeting in person, you are assuming the risk of exposure to the coronavirus (or other public health risk).

Your Responsibility to Minimize Your Exposure

To resume services in person, you agree to take certain precautions which will help keep everyone (you, your child, me, and our families, other clients, etc.) 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.

Initial each to indicate that you understand and agree to these actions:

_____ You/your child will only meet with your clinician in-person if you are symptom free.

_____ You/your child will wear a mask throughout the duration of each session. (see Addendum pg. 2)

_____ You/your child will maintain a distance of 6 feet and there will be no physical contact with your clinician.

_____ You/your child will take steps between appointments to minimize exposure to COVID.

_____ If you are concerned that you/your child may have been exposed to people who are infected, you will notify your clinician prior to the next visit.

_____ If you, your child or a resident of your home tests positive for the infection, you will immediately inform your clinician and we will then resume sessions via telehealth.

_____ We 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.



Addendum May 2021:

Vaccinations:

_____ I have completed the full course of the vaccine process (i.e., I have received a single dose + two weeks, or I have received both doses + two weeks).

_____ I plan to receive the vaccine and agree to wait until two weeks after my first shot (J&J) or second shot (Moderna, Pfizer) to meet with my clinician in person in accordance with the updated policies for those who are vaccinated.

_____ I do not plan to receive the vaccine

Mask Wearing:

_____ I have completed the full course of the vaccine and feel comfortable without a mask while meeting with my fully vaccinated clinician, per the guidance from the CDC as of 5/13/2021.

_____ I, _____ (clinician) have completed the full course of the vaccine and feel comfortable without a mask while meeting with my fully vaccinated client, per the guidance from the CDC as of 5/13/2021.

_____ I have completed the full course of the vaccine but wish for both my clinician and I to wear a mask.

_____ I am not yet vaccinated/I do not plan to get vaccinated and I understand both my clinician and I will need to wear a mask and remain physically distanced for the duration of the session.

My Commitment to Minimize Exposure

Skills for Life has taken steps to reduce the risk of spreading the coronavirus and we have posted our efforts on our website. Please let me know if you have questions about these efforts.

If You or I Are Sick

Skills for Life is committed to keeping our community safe from the spread of this virus. If either of you, your child or I begin to feel unwell during a session, the session will be terminated, and we can follow up with services by telehealth as appropriate.

If I or someone else in my household tests 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 I have been in your home. 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.



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Informed Consent

This agreement supplements the service 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/Guardian

Date

Clinician

Date