



COVID-19 IN OFFICE APPOINTMENT CLIENT INFORMED CONSENT AND WAIVER

This document contains important information about the decision to resume in-person services in light of the public health crisis caused by COVID-19. Please read this agreement carefully and let your provider know if you have any questions.

DECISION TO MEET FACE TO FACE:

By signing this consent form, you are agreeing to meet in person for all or some future sessions. Given the benefits, and inherent risks, in conducting in-person while COVID-19 remains an active contagion in our society, I wish to address the ways I will be working to mitigate risk of infection at Fairview Counseling of Chester County. If there is a resurgence of the COVID-19 virus or if other health concerns arise, I may require a return to Teletherapy appointments for everyone's well-being.

OFFICE SAFETY PLAN:

I take the health and safety of my clients very seriously and strive to provide excellent clinical services in the safest possible environment by taking the following measures:

- Clients who are ill will be asked not to come in the office.
- **Pre-Screening:** On arrival, clients will complete a brief screening to ensure they are symptom free and have not had close contact with anyone with COVID-19 symptoms.
- **Masks:** You will be required to wear a mask into the building and while in the waiting/common area.
- **Hygiene:** You are encouraged to use the restroom upon arriving for your appointment, hand sanitizer will be available.
- **During Sessions:** To minimize virus transmission in session, seating has been arranged to facilitate social distancing; commonly touched items have been removed and the office will be equipped with hand sanitizer, tissues, sanitizing wipes and a no touch trash can for disposal.
 - **Payments:** Invoices will continue to be sent electronically by Square and clients will have the option of adding a payment card on file with Square.
- **Frequent Sanitizing:** Common areas, equipment and office space will be sanitized between sessions.
- **Scheduling:** I will be staggering appointments to minimize crowding in the common area to allow ample time for thorough sanitization.

YOUR RESPONSIBILITY FOR PROTECTING YOURSELF AND OTHERS:

- If you, a family member, or anyone that you have been in contact with in the past 14 days have had symptoms of COVID-19, including fever/chills, coughing, shortness of breath, muscle pain, and/or sore throat, OR TEST POSITIVE for COVID-19, please do not plan to have an in-person session.
- Although I am making every reasonable effort to manage infection risk, and believe that most clients are doing the same, I recognize that some individuals with the virus remain asymptomatic and that there is no way to guarantee that those entering the office will not be exposed to COVID-19.
- For public health protection, I am asking that any client who has been in the office and subsequently experiences symptoms of COVID-19 or has been exposed to another person with symptoms of COVID-19, **please notify me immediately so that I can take any additional infection control measures.**

DISCLAIMER:

I realize that these changes may feel strange or uncomfortable, and that the COVID-19 virus situation may change things in coming months. Please at any time feel free to discuss with me any concerns you may have adjusting to the new health practices. **Teletherapy continues to be an option for you at any time if you are not comfortable coming to the office for in person sessions.**

As you elect to return to the office for in person appointments, I have procedures in place to mitigate risk per recommendation guidelines. However, as with the transmission of any communicable illness, you can still be exposed to COVID-19 at any time. By signing below, you agree to hold Fairview Counseling of Chester County and all staff members harmless in the event that you, or anyone exposed by you, becomes ill with the COVID-19 virus.

Print Client Name

Date

Signature of Client or Parent/Guardian