



CLIENT INFORMED CONSENT SUPPLEMENT FOR IN-PERSON THERAPY SERVICES

This Consent for In-Person Therapy Services is a supplement to the general Statement of Understanding that you signed at the outset of our clinical work together. Please read this document carefully, and let me know if you have any questions.

As a way to mitigate the risk of exposure to COVID-19, my practice has transitioned to providing most services via telehealth, which reduces the need for people to come into close contact with each other or to be in areas where exposure to COVID-19 may occur.

You and I have determined that in-person services are clinically appropriate for you at this time. You and I are both fully vaccinated, meaning that at least two weeks has elapsed since each of us has received either the second Moderna or Pfizer vaccine or the Johnson & Johnson vaccine. My office colleagues are fully vaccinated and are only meeting in person with clients who are fully vaccinated.

My office is committed to following Maryland and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our attention to sanitization, social distancing, and other protocols, there is still a chance that you could be exposed to COVID-19 in our office. If at any point you prefer to stop in-person sessions and to transition to telehealth sessions, please let me know.

It is possible that a return to telehealth sessions could be necessary at some point based on consideration of evolving health and safety issues. If at some point the CDC recommends getting an additional COVID vaccine or booster, this step may be necessary to continue meeting in person.

Depending on local COVID-19 regulations as they evolve, if either of us were to test positive or show signs of COVID-19 infection, I could become legally required to disclose that you and I have been in contact. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

Please indicate your understanding and agreement by initialing each of the following items:

___ You have chosen to meet in person rather than by telehealth and understand that despite the safety measures my office is taking, there is still the chance that you could be exposed to

COVID-19 in our office. You understand that despite being fully vaccinated there is still a risk of contracting COVID-19.

___ You certify that *at least two weeks* has elapsed since you received the Johnson & Johnson vaccine, the second Moderna vaccine, or the second Pfizer vaccine.

___ You agree not to present for in-person services if you have a fever, shortness of breath, coughing, loss of taste or smell, or any other symptoms associated with COVID-19, or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. You agree to let me know as soon as possible if this is the case, and agree that we will meet by telehealth instead of in-person.

___ You agree to wear a mask and maintain a six-foot distance from others while in the building common areas, the waiting room, and hallways.

___ You agree to use hand sanitizer upon entering the waiting room. Hand sanitizer will be available in the waiting room and in my office.

___ You agree to arrive in the waiting room at your scheduled appointment time and remain outside or in the hallway if you arrive early.

By signing below, you acknowledge that you are fully COVID-vaccinated, understand that there is still a potential risk of exposure to COVID-19 in our offices, and agree to follow the safety protocols outlined above in order to engage in in-person services.

Patient Name (printed)

Patient Signature
(Parent Signature if Under 18)

Date