



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

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 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 office, 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 my practice and me both jointly and severally for damages arising therefrom. This risk may increase if you travel by public transportation, cab, or ridesharing service.

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## **Practice Steps to Reduce Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. I have implemented the guidelines outlined by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html>) and the St. Louis County Health Department (<https://stlcorona.com/dr-pages-messages/covid-19-safe-operating-protocols/community-centers-and-recreation-centers-guidelines/>) to improve safety from virus contagion. Please understand that if Molly Gray or I test 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 me know if you have questions about these efforts.

## **New Waiting Room Rules**

To enhance safety, you will need to wait until no earlier than 5 minutes before our appointment time. **We ask that you and your child wear a facemask at all times**, subject to any written health orders by a physician.

Upon entering the office, **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 myself**, to help protect against virus transmission.

## **Commitment to Minimize Your Exposure**

To obtain services in person, you agree to take reasonable safety precautions to (you, your family members, my staff, other clients and I) 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 my child or I are symptom free and have been symptom free for a period of 14 (CDC guidelines require 14 days symptom free, continue to review guidelines) days. (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.

\_\_\_ If my child's (or my) temperature is elevated (100 Fahrenheit or more), or present other symptoms, I agree to cancel the appointment before the scheduled time.

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

\_\_\_ If my child or I have been exposed to, shared a workspace, school setting, 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.

\_\_\_ I understand that if my child or I appear to be physically ill at an appointment, we may be required to leave immediately and understand I will be contacted to reschedule our appointment, possibly temporarily involving another form of communication.

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 we 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 and Child's name

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Provider

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Date