



INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

This consent form contains important information about my decision to participate in in-person mental health services during the COVID-19 public health crisis. Expectations surrounding the corresponding changes to facilitate health safety while participating in in-person mental health services are listed below. I have read this consent form carefully and have had the opportunity to ask any questions before signing this document. This form will be an official agreement between Creekside Counseling, LLC/Sara Grout, LMSW and myself.

DECISION TO MEET IN PERSON

By signing this consent form, I have agreed to receive mental health services in person during the COVID-19 public health crisis. I understand if there are any future state emergency limits, shelter in place orders, or illness impacting our ability to meet, a reasonable plan to reschedule or meet using tele-health will be developed. I also understand Sara Grout, LMSW may return to tele-health services if it is in everyone's best interest.

I acknowledge I have been offered the opportunity to utilize tele-health services rather than in-person services. If I decide at any time that I would feel safer staying with, or returning to, tele-health services, Sara Grout, LMSW will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for tele-health services, however, is determined by the insurance companies and applicable law. I understand I will be liable for any charges not covered by my insurance for tele-health services.

RISKS OF OPTING FOR IN-PERSON SERVICES

I understand by receiving mental health services at the office of Creekside Counseling, LLC, and/or meeting for such services in any other venue, I am assuming the risk of exposure to the coronavirus (or any other public health risk); and I agree to waive all rights and claims against Creekside Counseling, LLC and Sara Grout, LMSW both jointly and severally for damages arising therefrom. I also understand that Sara Grout, LMSW resides with an individual who is employed at a county hospital and the individual has the potential to be exposed to patients who are positive for COVID-19.

PRACTICE STEPS TO REDUCE EXPOSURE

Creekside Counseling, LLC has taken steps to reduce the risk of spreading the coronavirus within the office. Guidelines outlined by the CDC and Jewell County Health Department have been implemented to improve safety from virus contagion. I understand if Sara Grout, LMSW tests positive for the coronavirus, I will be notified so that I can take appropriate precautions as I deem necessary. Although these steps will improve safety, it is impossible to guarantee any outcome with an invisible virus. If I have any questions about these efforts, I will contact Sara Grout, LMSW.

MY RESPONSIBILITY TO MINIMIZE MY EXPOSURE

To obtain services in person, I agree to take certain precautions which will help keep everyone safer from exposure, sickness, and possible death. If I do not adhere to these safeguards, immediate changes in the delivery of my services may be made.

My initials indicate that I understand and agree to the following actions:

- _____ I agree to only come to my appointment when I am symptom free and have been symptom free for a period of 14 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 COVID-19)
- _____ I agree to take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or I have other symptoms of the coronavirus, I agree to cancel the appointment or proceed using tele-health. I will not be charged a cancellation fee if I cancel prior to the appointment.
- _____ I will wash my hands or use alcohol-based hand sanitizer when I enter the building.
- _____ I will adhere to the safe distancing precautions set up in the office.
- _____ I and Sara Grout, LMSW will wear a mask in all areas of the office, subject to any written health orders by a physician, if a distance of 6 feet cannot be maintained.
- _____ I will keep a distance of 6 feet unless specific interventions require closer contact.
- _____ I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands.
- _____ I will not have any other individual accompany me in my treatment unless it is medically necessary and agreed upon by Sara Grout, LMSW prior to the appointment.
- _____ If I am the caregiver for the individual client and am not needed in the therapy session I will wait outside until the session is over.
- _____ If I am the caregiver for the individual client and my presence is needed in the therapy session, I will follow all of the sanitation and distancing protocols as defined in this consent form.
- _____ I will take steps between appointments to minimize my exposure to COVID-19.
- _____ If I have been exposed to other people who are infected by COVID-19, I will immediately let Sara Grout, LMSW know before my next appointment.
- _____ If a resident of my home tests positive for the coronavirus, I will immediately let Sara Grout, LMSW know before my next appointment. Tele-health services will then be explored.
- _____ I understand that if I appear to be physically ill at an appointment, I may be required to leave immediately and understand I will be contacted to reschedule the 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 in this form may be subject to change, and changes will be reviewed.

MY CONFIDENTIALITY IN THE CASE OF INFECTION

If I have tested positive for the coronavirus, Sara Grout, LMSW may be required to notify local health authorities that I have been in the office of Creekside Counseling, LLC. If Sara Grout, LMSW has to report this, only the minimum information necessary for their data collection will be provided and the information disclosed will not go into any details about the reason(s) for my mental health services. By signing this form, I am agreeing that Sara Grout, LMSW may do so without an additional signed release.

INFORMED CONSENT

This consent form supplements the Acknowledgment of Receipt, Review, and Understanding form that was previously signed.

My signature below shows that I agree to the above terms and conditions.

Client

Date

Guardian/Parent

Date

Caregiver

Date

Therapist

Date