



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

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. You may print this document and bring in with you when you come to your session. There will also be copies available for signing at the office. When you sign this document, it will be an official agreement between us.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risks). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, my other colleagues within the office and other clients) safer from exposure, sickness and possible death. Please initial each box below to indicate that you understand and agree to these actions:

| | Initials |
|--|----------|
| I will only keep my in-person appointment if I am symptom free. If I have any symptoms of the coronavirus, I agree to cancel the appointment or proceed using telehealth. | |
| I will arrive no earlier than 5 minutes before our appointment time and will wait in the hallway for my counsellor to accompany me into the office, unless otherwise instructed. I will wash my hands or use alcohol-based hand sanitizer when I enter the office. | |
| I will adhere to the safe distancing precautions we have set up in the waiting area and therapy room. For example, not moving chairs or sitting where there are signs asking people not to sit. Also, I agree to no physical contact (shaking of hands or hugs) | |
| Given the nature of our work together, I understand that avoiding touching my face may not be preventable. In such case, I will be provided with tissue, wipes or the ability to wash or sanitize my hands. | |
| If bringing my child, I will make sure that they follow all of these sanitation and distancing protocols. | |
| I will take steps between appointments to minimize my exposure to COVID; If I have a job that exposes me to other people who are infected, if a resident of my home tests positive for the infection, or I have recently traveled outside of the province of British Columbia or outside of Canada I will immediately inform my counsellor and we will begin/resume treatment via telehealth until I receive direction from health authorities that it is safe to meet in person. | |

I may change the above precautions if additional local, provincial or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic 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. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

My Commitment to Minimize Exposure

My practice and all staff within the office have taken steps according to WorkSafe BC and Health Authority guidelines to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and/or in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, me, my colleagues and all of our families safe from the spread of this virus. If you show up for an appointment and I (or my office colleagues) believe that you have a fever or other symptoms, or believe you have been exposed, I will ask you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I (or my office colleagues) test positive for the coronavirus, I will notify you so that you can take appropriate actions/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 you have been in the office. 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.

Informed Consent

This agreement supplements the general informed consent/therapeutic agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

Please print name

Signature

Date

Counsellor

Date