

SUMMIT CLINICAL SERVICES

INFORMED CONSENT FOR IN-PERSON SERVICES

(3/1/2023)

This document contains important information about our decision (yours and mine) to meet for in person appointments. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered. Some of these include but are not limited to: whether we and our families have been vaccinated, our health or the health of those we are in close contact with, and risk of exposure outside of this setting. There may be other concerns that we can talk about.

Please read this carefully and sign. Let me know if you have any questions. When you sign this document, it will be an official agreement between us.

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, it may be required 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. We may determine the need to 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, clinically appropriate, and covered by your health insurance provider. Reimbursement for telehealth services is determined by insurance companies and applicable law. Public Health precautions will vary and change in accordance with local, state or federal orders or guidelines. If this happens, we will talk about any necessary changes.

Risks of Opting for In-Person Services

Although we make every effort to maintain a healthy and safe environment and have taken steps to reduce the risk of spreading the coronavirus within the office (as outlined by the CDC), you understand that by coming to the office, you are assuming responsibility for the potential risk of exposure to the coronavirus (or other public health risk).

Your Responsibility to Minimize Your Exposure

Please take health precautions seriously and help keep everyone (you, me, our families, our staff and other clients) safe from exposure to COVID-19 or any other illness. In order to obtain services in person, you agree to take certain precautions to minimize risk to others and to yourself; if you do not adhere to these safeguards, it may result in starting or returning to telehealth sessions. In order to meet for in-person sessions, we need to do the following:

- Keep your in-person appointment only if you are well. You will only keep your appointment if you are symptom free, including fever free for a minimum of 24 hours prior to our appointment.
- Understand that if you have an elevated temperature (100 degrees Fahrenheit or more), and/or have any of the symptoms of coronavirus, you agree to cancel your in office appointment. Possible coronavirus symptoms may include but are not limited to; fever/shortness of breath/body aches/chills/new loss of taste or smell/sore throat/cold/cough. If you need to cancel for any of these reasons, you will not be charged your normal cancellation fee.
- You can wash your hands in the building washrooms or use the available 70% alcohol-based hand sanitizer in our office.
- Masks are up to the discretion of your provider. You may discuss options at my discretion/the discretion of your provider; if you come to an agreement with your provider to not wear a mask, you will accept all responsibility for any exposure you may have to COVID-19 or any other virus.

- Adhere to safe distancing precautions, keeping a distance of 6 feet between you and others when possible/appropriate.
- If you or a resident of your home tests positive for COVID-19, please let me know. If I or a staff member that you might have been in contact with tests positive for the coronavirus, I will notify you so that you can take appropriate precautions.

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes. For example, if COVID-19 infections rise in our area, masks may be mandatory for all clients, providers, and staff in the office.

If You or I Are Sick

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

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 agreement that we agreed to at the start of our work together.

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

Client (over the age of 12 years old)

Date

Client Guardian

Date

Mental Health Provider

Date