**Here We Grow Therapy**

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

This document contains important information about our decision to start 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. 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, 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.

**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 risk). 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, our families, and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

* You will only keep your in-person appointment if you are symptom free.
* You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won’t charge you our normal cancellation fee.
* You will wait in your car or outside until no earlier than 5 minutes before our appointment time.
* You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
* You will adhere to the safe distancing precautions we have set up in the waiting room/ therapy room. For example, you won’t move chairs or sit where we have signs asking you not to sit.
* You will wear a mask upon entrance of office and keep masked while in common areas (I will maintain mast throughout session however during session you may opt out of wearing said mask).
* You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me.
* You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
* If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
* You will take steps between appointments to minimize your exposure to COVID.
* If you have a job that exposes you to other people who are infected, you will immediately let me know.
* If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know.
* If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth.

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.

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts 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, 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.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions. I will be tested on a biweekly basis as a business owner to help ensure your safety.

**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/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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Patient/Client Date

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Clinician Date

**Here We Grow Therapy**

**My office is taking the following precautions to protect our clients and help slow the spread of the coronavirus.**

* Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
* Clinician will remained masked throughout session.
* Clinician will maintain safe distancing.
* Hand sanitizer that contains at least 60% alcohol is available in the waiting room as well as therapy room.
* We schedule appointments at specific intervals to minimize the number of people in the waiting room.
* We ask all clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
* Electronic payment will be utilized in efforts to decrease physical exchange.
* Physical contact is not permitted.
* Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
* Common areas are thoroughly disinfected at the end of each session.
* All therapy room furniture/ touched items are disinfected after each session.
* Paper masks are available in office free of charge as well as “facial expression” masks for a fee.

**In addition to these standard CDC guidelines I plan to also include the following**:

* Windows will be open as often as possible (weather permitting) to increase ventilation throughout sessions.
* Air purifier with HEPA H13 filtration and UV sanitation will cycle throughout session time as a medical grade system to help fight airborne bacteria, and microbial viruses.
* Fresh plants that promote air purification will be throughout space.
* Sage will be burned weekly during non- office hours as studies show it to kill 94% of airborne bacteria.