Green House Group, PA

Psychotherapy and Consultation

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

This document contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis. This is an additional agreement about our existing treatment. I maintain my general consent to treatment and acknowledgement of privacy practices and financial policies, which are located in my clinical record.

Decision to Meet Face-to-Face

I have agreed to meet in person for one or more sessions. I understand that if there is a resurgence of the pandemic or if other health concerns arise, I may not be able to attend my session in person, and may need to meet with my therapist via telehealth. If I have concerns about telehealth, I will discuss these with my clinician. I understand that my clinician or the Green House Group, PA (GHG) may decide that we return to telehealth at any time for the sake of everyone's well-being. If I believe that I would feel safer staying with, or returning to, telehealth services, I will let my clinician know. My treatment will then continue via telehealth, as long as it is feasible and clinically appropriate.

Reimbursement for telehealth services is determined by the insurance companies and applicable law. I agree to be responsible for payment of any services that are not covered by insurance.

Risks of Opting for In-Person Services

GHG will take actions to minimize the risk of both staff and clients (see below). Even so, I understand that by coming to the office I am assuming some risk of exposure to the coronavirus (or other public health risk). This risk may increase if my travel to the session occurs by public transportation, cab, or ride-sharing service.

Responsibility to Minimize Exposure

To obtain services in person, I agree to take certain precautions which will help keep everyone (me, my clinician, the Green House Group staff and other clients) safer from exposure, sickness, and possible death due to COVID-19. If I do not adhere to these safeguards, I understand that I may be asked to return to a telehealth arrangement. Initialing each statement below indicates my understanding and agreement to these actions:

- I will only keep an in-person appointment if symptom free. ___
- I will take my temperature before coming to each appointment. If it is elevated (above 99 Fahrenheit), or if I have other symptoms of illness such as (but not limited to) exhaustion, sore throat, dry cough, alteration in sense of taste or smell, or body aches, I agree to cancel the appointment or shift the appointment to telehealth. If I cancel for this reason, I understand that my clinician will not charge me a cancellation fee. ___
- I will wait in my car or outside until called by my therapist at our appointment time. When called, I will put on my mask and come up to Suite 3004.___
- I agree to answer a brief set of questions and wash my hands and/or use alcohol-based hand sanitizer provided by GHG prior to entering the office. ___
- I will adhere to safe distancing precautions (6 feet) at all times when in Suite 3004. There will be no physical contact between me and others while in Suite 3004 (hand shakes, for instance). ___
- I will wear a mask in all areas of the Waumbec Building (requested by Brady Sullivan Properties) and Suite 3004, unless I am informed by my therapist that I have the option to remove my mask. ___
- If I bring my child, I will make sure my child follows all of these sanitation and distancing protocols. ___
- I will take steps between appointments to minimize my exposure to COVID-19. ___
- If I have a job that exposes me to other people who are infected, I will let my clinician know. ___
- If I engage in activities that put me in close contact with others (beyond family) where social distancing is not possible (such as commuting, worship, or social events), I will let my clinician know. ___
- If a resident of my home develops symptoms of or tests positive for the infection, or if I have been exposed to COVID-19 in any other way, I will immediately let my clinician know. We will then continue treatment via telehealth for the duration required by public health officials.___

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The above precautions may change if additional local, state or federal orders or medical guidelines are published.

Commitment to Minimize Exposure

GHG has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. I will let my clinician know if you have questions about these efforts.

In Case of Illness

I understand that my clinician and GHG are committed to following public health guidelines designed to keep me, GHG staff, and all of our families safe from the spread of this virus. If I arrive for an appointment and my clinician or the office staff believe that I have a fever or other symptoms, or believe I have been exposed, I will be asked to leave the office immediately. Services can be resumed by telehealth.

If my clinician or a member of the GHG staff tests positive for the coronavirus and I may have been exposed, I understand that GHG will notify me so that I can take appropriate precautions.

Confidentiality in the Case of Infection

I understand that if I have tested positive for the coronavirus, GHG may be required to notify local health authorities that I have been in the office. If this is necessary to report, only the minimum information necessary for their data collection will be released; no details about the reason(s) for the visit(s) will be provided. By signing this form, I agree that GHG may do so without an additional signed release.

My signature below shows my agreement to these terms and conditions.

Client Signature:_____ Date: __/___/_____

Print Name: _____ DOB: ____/____/_____

Clinician Signature:_____ Date: __/___/_____