



Informed Consent Addendum for In-Person Services During COVID-19 Public Health Crisis

Client Name _____

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. 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. 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.

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).

Your Responsibility to Minimize Exposure

To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, me, our families, and my other patients) safer from exposure, sickness and possible death. Adherence to these safeguards may impact whether we do in-person or telehealth sessions. You agree to:

- Keep your in-person appointment only if you are symptom-free for any illness.
- You agree to cancel the appointment or proceed using telehealth, if you have an elevated temperature (100°F or more), or if you have other symptoms of the coronavirus. If you wish to cancel for this reason, I will not charge you a cancellation fee. Please note that no-shows may still incur a fee.
- Wait in your vehicle or outside until no earlier than 5 minutes before our appointment time OR text me from your vehicle/outside when you arrive (406.980.0672). I will give you the thumbs up emoji when I am ready for you to come into the office suite. The waiting room is closed, but my office door will be open and ready for you to enter.
- Please avoid touching unnecessary surfaces and avoid using the beverage area. I will disinfect between each session.
- Wash your hands and/or use alcohol-based hand sanitizer before entering the office.
- Limit use of the building bathrooms.
- Please wear a mask when entering and exiting the suite and my office. I will wear one as well. Masks may be removed during the session as we will maintain a social distance of 6 or more feet during the session. There will be no physical contact (e.g., shaking hands).

There will be NO FEE for late cancellations if you are sick (no-shows may still be charged). Please CANCEL if you feel ill or have been around someone who feels ill. Telehealth sessions can be made available on a one-time or regular basis. Ask about telehealth to ensure you have a signed Telehealth Informed Consent on file and instructions provided.



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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 Responsibility 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 on our website and in the office. Please let me know if you have questions about these efforts.

- The space will be sterilized between each in-person session (anything touched will be sprayed down with bleach).
- Office items have been removed to reduce germs in the space.
- Seating areas will be separated by over 6 feet.
- Sanitizer will be available.

If I am exposed or symptomatic in any way, I will resume telehealth full-time until resolved per CDC standards.

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.

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 and thus far into our work together.

Client Signature

Date

Client/Partner Signature

Date

Parent/Legal Guardian Signature *mandatory if client is a minor*

Date