



## **INFORMED CONSENT FOR NEW/EXISTING CLIENTS REGARDING 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 Pandemic. Please read this carefully and let me know if you have any questions. There are no “silly” questions as this is new and unprecedented for both of us. When you sign this document, it will be an official agreement between us. Please note that the Healthy Directions Policies, Procedures and Consent form remains unchanged.

### **Decision to Meet In-Person**

You have expressed your preference to meet In-person for future sessions. If there is a resurgence of the pandemic or other health concerns arise, however, I may require that we meet alternatively via secure video. If you have concerns about meeting through these alternative services, please do not hesitate to inform me and we can discuss any issues that arise at that time.

You may also choose at any time to end In-person sessions and begin or return to Online services. Please note reimbursement for Online services is determined by the insurance companies and applicable laws. It is your responsibility to enquire and learn about your reimbursement policies before we begin Online services. We can discuss this if/when the need for the transition arises.

### **This Counsellor’s Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and I have posted these efforts (established by AB Gov’t Health Order) in reception area, on website and in therapy room. My therapy room has 6ft distancing and plexiglass for further mitigation. Please let me know if you have questions about these efforts. You will also be provided with a document outlining my efforts to reduce risk in an email before your appt.

### **Risks of Opting for In-Person Services**

You accept and acknowledge that by coming to the office, you are assuming the risk of exposure to the coronavirus or other public health risk through the following means:

1-Your physical presence at my office; 2-Your interactions with me, other clients, staff, tenants or members of the public who are present in this building and office; 3-Physical touching of any surfaces or fixtures in this building or office; 4-travel by public transit, cab, or ride sharing service.

### **Client (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, my subtenants, and other clients), safe from exposure, sickness and possible death. If you can not or do not adhere to these safeguards, it may result in our starting \ returning to a Online arrangement. **Please initial** the following to indicate that you have understood and agreed to these actions:

- Please keep your In-person appointment if you are symptom free and adhere to the Healthy Directions Informed Consent and Cancellation Policy \_\_\_\_\_

- Read the Alberta Health- *Daily Checklist screening questions* and office protocols posted on office door before entering \_\_\_\_\_
- Wash your hands or use alcohol-based hand sanitizer before and after you visit the office \_\_\_\_\_
- Adhere to the safe distance of (6ft) and precautions we have set up in our waiting room and in my therapy room. \_\_\_\_\_
- Required to wear a mask (city By-law) in the office building, reception area, and therapy room. If you choose not to wear a mask, it is permitted in my therapy room as it follows the local govt. 6ft distance guidelines. A plexiglass barrier is also provided for further mitigation of spread between us during session. If you choose to remove your mask you are doing so at your own risk. \_\_\_\_\_
- Understanding that the need for physical touch at present is challenging for many, Please refrain from physical contact (e.g. no shaking hands, elbow bumps or hugs with me or any other members of this office. \_\_\_\_\_
- Please do not bring your children to the office. If this is not possible, please make sure that your child(ren) follow all these sanitation and distancing protocols \_\_\_\_\_
- If you have a job that exposes you to other people who are infected, you will inform me. \_\_\_\_\_
- If a resident in your home test positive for the infection, you will immediately inform me or my subtenants and we will begin or resume treatment via alternative service until further notice \_\_\_\_\_

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

#### **If You or I are Sick**

You understand that I am committed to keeping you, me, my subtenants are all our families safe from the spread of this virus. If you show up for an appointment and I or my subtenants believe that you have a fever or other symptoms or believe that 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 and determined mutually. If I or my subtenants 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 my office. If I must report this, I will only provide the minimum information necessary for their data collection and contact tracing. I will not go into any details about the reason(s) for our visits. **By signing this form, you are agreeing that I may disclose your demographic details without an additional signed release. You will be informed by me before I make this contact.**

#### **Informed Consent**

This agreement supplements the general Healthy Directions informed consent/business policy agreement that we agreed to at the start of our work together. **Your signature shows that you agree to the above terms and conditions and that your questions have been addressed and answered by this counsellor.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counsellor:** \_\_\_\_\_ **Date:** \_\_\_\_\_