

INFORMED CONSENT FOR RETURNING TO IN-PERSON PSYCHOLOGICAL SERVICES

Mielke and Weeks Psychological Services

1880 Starr-Batt Drive, Building 1 East
Rochester Hills, MI 48309

www.mielkeandweeks.com

Client Name: _____ **Date of Birth:** _____

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the onset of our clinical work together. Please read this document carefully and let your therapist know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. In order to mitigate the risk of exposure to COVID-19, we have transitioned to providing most services via telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

Decision to Meet Face-to-Face for In-Person Services

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to only remote teletherapy services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but your therapist will make the final determination based on a careful weighing of the risks and applicable regulations.

Risks of Opting for In-Person Services

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our office. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. You should understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). If, at any point, you prefer to stop in-person services or to consider transitioning to remote teletherapy services, please let us know.

Clinic's Commitment to Minimize Exposure

Steps that have been taken to reduce the risk of spreading the coronavirus within the office have been informed by the Michigan Executive Order 2020-114 outlining actions offices should take to have a safe return to work for both professionals and those who come into our offices. These steps include, but are not limited to the following:

- Improving the office's HVAC heating/cooling system to have enhanced air flow circulation throughout the office suite
- Our office has been professionally disinfected to eliminate microorganisms that spread COVID-19, H1N1 Influenza, MRSA, GRSA, Hepatitis A & B, Salmonella, and more than 22 other viruses and contaminants.
- Implementing social distancing guidelines by having clients wait outside in vehicles until appointment times instead of in the waiting room
- Implementing increased cleaning practices such as sanitizing each therapy office after each session
- Making hand sanitizer with at least 65% alcohol content readily available
- Installing visible signage regarding safety protocols and regulations, including maintaining the rule that face coverings or masks must be worn by both clients and therapists while in the office at all times
- Implementing a daily health self-screening protocol for clients and therapists

Please let me know if you have questions about any of these efforts our office has taken to keep you safe.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take the following safety precautions. If you do not adhere to these safeguards, it may result in our starting or returning to a teletherapy arrangement.

- You agree not to arrive for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection with COVID-19 or has a confirmed COVID-19 infection within the past two weeks.
- You agree to take your temperature before coming to each appointment. If it is elevated (100.0 Fahrenheit or higher), or if you have other symptoms of a COVID-19 infection, you agree to cancel the appointment or proceed using teletherapy. If you wish to cancel for this reason, you will not be charged a cancellation fee.
- You agree to wait in your car where you will contact your therapist by cell phone to let the therapist know you have arrived for your session. Only you (and parent/guardian if client is a minor) may come into the office. No other individuals who are not actively participating in the counseling session are allowed into the building or are allowed to wait anywhere in the building.
- When you arrive, your therapist will come to the outside door and greet you. The waiting room will be used as a pass-through area only. (Parents/guardians will need to wait in their cars while children are in therapy sessions after initially checking in with me at the beginning of the session.) Clients who are children must be accompanied by their parents/guardians into the building.
- Hand sanitizer will be provided at the office entrance and must be used prior to entering the office.
- Upon entering the office, a brief COVID-19 Check-In Health Screening Questionnaire/Safety Protocol will need to be completed per State of Michigan regulations for the client and signed by the client (or parent/guardian if client is a minor) to proceed with the scheduled session. You may also complete this form online and emailed it to your therapist. The form must be completed on the day of your session.
- Patients/clients and providers will be required to wear face coverings or masks the entire time while in the office. If you do not have a face covering, one will be provided to you. We encourage everyone to bring their own mask and have it on prior to your initial contact with your therapist in the parking lot. This is for your safety and the safety of your therapist.
- You agree to adhere to social distancing requirements, meaning that you must maintain a 6-foot distance from others while in offices, hallways, the parking lot, and other areas. There can be no physical contact with others in the office.
- If you have a job, commute, travel or other responsibilities or activities put you in close contact with others (beyond your family) that exposes you to other people who are or may be infected with COVID-19, you agree to immediately let your therapist know.
- If a resident of your home tests positive for COVID-19, you agree to immediately let your therapist know and we will then begin or resume treatment via teletherapy.
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

The above precautions may change. If additional local, state or federal orders or guidelines are published, we will talk about any necessary changes.

If You or Your Therapist Are Sick

We are all committed to keeping you, our colleagues, and all of our families safe from the spread of COVID-19. If you arrive to an appointment and there are indications suggesting that you have a fever or other symptoms, or you believe you have been exposed, you will be asked to leave the office and have your appointment rescheduled. We can follow up with services by teletherapy as appropriate. If your therapist should test positive for the coronavirus, you will be notified so that you can take appropriate precautions if you were recently in contact with your therapist.

Your Confidentiality in the Case of Infection

As COVID-19 regulations continue to evolve, we may become legally required at some point to disclose that you and your therapist have been in contact, if either of you were to test positive or show signs of a COVID-19 infection. If we are compelled to disclose information, you will be informed and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law. By signing this form, you are agreeing that we may do so without an additional signed release.

By signing below, you acknowledge that you understand that there is still a potential risk of COVID-19 exposure despite all of these precautions and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

Client Signature

Date

Parent/Guardian Signature (if the client is a minor)

Date

Therapist

Date