

## Consent to Resume In-Person Psychotherapy

This document contains important information about the decision between us to resume in-person services in response to 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. However, I reserve the right to require that we meet via telehealth if the situation warrants. Any concerns you may have about meeting through telehealth will be addressed between us.

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. You should know that reimbursement for telehealth services may be determined by the insurance companies and applicable law, which may require our consideration and discussion.

### 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 and exposure may increase based on your transportation choices.

### 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 clients) 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. Initial each item to indicate that you understand and agree to these actions:

- 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 at the back door for me to come out and collect you. Currently, your car is the new waiting room. If you should need to enter the building, you may wait in the atrium. \_\_\_\_
- You will use a hand sanitizer when you enter my office, which I will have available for you. \_\_\_\_
- You will wear a mask as you enter the building and keep it on until you leave the building. \_\_\_\_
- We will keep a distance of 6 feet and there will be no physical contact between us. \_\_\_\_
- You will try not to touch your face or eyes with your hands. \_\_\_\_
- If you are bringing your child for therapy, you will help your child understand these sanitation and distancing protocols, and you will be able to wait in the atrium or the car during the session. \_\_\_\_
- 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 a resident of your home tests positive for the infection, you will immediately let me know and we will then resume treatment via telehealth. \_\_\_\_

I may need to 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 the following steps to help protect you and reduce the risk of spreading the coronavirus within the office:

- Suspend the use of the waiting room for now, to limit points of exposure. I will collect clients from the back door, where essentially the car has become the waiting room.
- I will open all doors for clients, eliminating that point of exposure.
- Both clients and I will use a hand sanitizer upon entering the office.
- I have brought a room air purifier with germicidal UV protection into the room, to run 24/7.
- I will be spraying and/or wiping a disinfectant on all related surfaces in-between clients.
- Wearing a mask is currently a requirement for myself and my clients.
- I will be taking my own temperature each workday, and will cancel in-person therapy if I come down with symptoms.
- Initially, many of my clients will continue to use virtual sessions, and I will only have a small portion of clients using the in-person option.
- As of May, although the office building is open, it is not well attended by others.

### If You or I Are Sick

You understand that I am committed to reducing our exposure to COVID in order to help reduce the health risk to you, me and all of our families. 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

As of the creation of this form, there is no known exception to confidentiality in Oregon regarding a mandate to report an infected client to health officials.

### 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.

\_\_\_\_\_  
Client: Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
David L. Terletzky, Psy.D.

\_\_\_\_\_  
Date

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