# Informed Consent: COVID-19 Pandemic

## Informed Consent Regarding Amended Policies and Procedures

## **During the COVID-19 Pandemic**

This document contains important information about your decision to resume in-person services at HKA Counseling (HKAC) in light of the COVID-19 public health crisis. Please read this carefully and advise your therapist of any questions you have. When you sign this document, it will serve as an official agreement between you, your therapist, and HKAC.

### **Decision to Meet Face-to-Face**

We have agreed to meet in person for some or all future sessions at HKAC. If there is a resurgence of the pandemic or if other health concerns arise, HKAC may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will work together to address these and ensure that you continue to receive quality mental health care.

If \*\*\*you \*\*\*decide at any time that you would feel safer engaging in telehealth services than in person, HKAC will respect and support that decision, as long as it is feasible and clinically appropriate.

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

You understand that by coming to the HKAC office, you are assuming the risk of exposure to COVID-19.

### Our Commitment to Minimize Your Exposure:

We will be implementing the following measures to mitigate risk of virus spread, and ask that you support us in protecting you, other patients, our staff, and all of our families from illness:

- 1. Requiring all staff and clients to wear masks that cover both their mouth and nose throughout the duration of the session.
- 2. Arranging office furniture in a manner that promotes social distancing.
- 3. Increasing cleaning of high contact surfaces.
- 4. Providing hand sanitizer to clients and staff.
- 5. Maintaining distance of at least 6 feet both in therapy rooms and common areas.
- 6. Installing HEPA filter air purifiers in each room.
- 7. Scheduling clients strategically to reduce traffic in common areas.

#### Your Responsibilities to Minimize Exposure

You agree to take precautions which will help keep everyone safer from exposure, sickness and possible death. If you do not wish to adhere to these safeguards, HKAC will work to meet your needs with online therapy, or we will refer you to a clinician outside our office who may or may not have different safety standards in place.

l agree to:

- Attend my appointments alone, not bringing family members or others who are not being seen for therapy at my scheduled time.

- Only attend my in-person appointment if I am free of any symptoms of illness, including, but not limited to fever, cough, congestion, stomach upset, aches and pains, loss of sense of smell and/ or taste, headache, and sore throat.

- If I have any symptoms of COVID-19, I agree to cancel the appointment or proceed using telehealth. If I wish to cancel for this reason, I won't be charged the normal cancellation fee.

- Wait in my car or outside the office (maintaining 6 feet of distance from others not a part of my family) until no earlier than 5 minutes before my scheduled appointment time.

- Wash my hands or use alcohol-based hand sanitizer when I enter the office. Hand sanitizer will be located in the waiting room and the therapy room.

- Adhere to the safe distancing precautions we have set up in the waiting room and therapy rooms.
- Wear a mask in all areas of the office until you have sat in the therapy room on the sofa.
- Keep a distance of 6 feet from all others in the office.

- Take steps between appointments to minimize my exposure to COVID-19.

- Notify HKAC staff If I have been exposed to other people who are infected and understand I may be asked to be seen via telehealth.

- Immediately notify HKAC staff If a resident of my home or close social group tests positive for COVID.

- If I am bringing my adolescent for a therapy appointment, I will make sure that my child follows all of these sanitation and distancing protocols when they are with me.

- HKAC may change the above precautions if additional local, state or federal orders or guidelines are published. In this case, we will talk about any necessary changes.

## If You or Your Therapist Are Sick

You understand that HKAC is committed to keeping you, it's staff, and all of our families safe from the spread of COVID-19. If you arrive for an appointment and HKAC staff believe that you display symptoms of COVID, may have been exposed, or are not practicing safety guidelines encouraged in our region, we may require you to leave the office. We can follow up with services by telehealth as appropriate, and you will not be charged for the appointment.

If any HKAC staff test positive for COVID-19, we will notify you so that you can take appropriate precautions.

## Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, HKAC may be required to notify local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection. By signing this form, you are agreeing that HKAC may do so without an additional signed release.

### **Informed Consent**

This agreement supplements the general informed consent signed at the start of your therapeutic relationships with HKAC.

Your electronic signature / acknowledgment shows that you agree to these terms and conditions.