



Consent to Treat for In-Person Services During COVID-19 Public Health Crisis

The purpose of this consent to treat contains information about our decision (client and therapist) to resume in-person services in light of the COVID-19 public health crisis. The staff at Be Inspired Counseling, LLC are taking all reasonable steps as recommended by the CDC to reduce the spread of COVID-19 within the office. I hereby agree to the following:

I agree to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, I may resume to meet via Telehealth. If I decide at any time that I would feel safer staying with, or returning to, Telehealth services, my therapist will respect that decision. Reimbursement for Telehealth services, however, is also determined by the insurance companies and applicable law. I will be responsible for any fees not covered by my insurance company. ____

I understand that by coming into the office, I am assuming the risk of exposure to COVID-19. This risk may increase if I travel by public transportation, taxi or other ride-sharing service. ____

I understand that to obtain services in person, I agree to take certain precautions to help keep everyone safe from exposure and sickness. If I cannot adhere to these safeguards, it may result in starting or returning to a Telehealth arrangement or being terminated from the practice. ____

I will not hold Be Inspired Counseling liable if I contract COVID-19 after having been in the building. ____

I will adhere to the following safeguards:

-I will only keep my in person appointment if I and/or my child and/or other family members that I live with are symptom free for at least 10 days since symptoms first appeared and for a minimum of 48 hours, without the aide of fever-reducing medications. ____

-I will wait in my car or outside until I am notified to come into the practice. ____

-I will use alcohol based hand sanitizer upon my arrival to the building, according to the practice's protocols. ____

-I will adhere to safe distancing precautions and will have no physical contact with others in the waiting room and therapy room. ____

-I will wear a mask or face covering in all areas of the office (as will your therapist/other staff). ____

-I will take steps between appointments to minimize my exposure to COVID-19. ____

-If I have a job, commute, or other responsibilities/activities that potentially exposes me to people infected with COVID-19, I will immediately inform my therapist. ____

-If I, or another family member/resident of my home, tests positive for infection, I will immediately let my therapist know, and we will discuss appropriateness of resuming treatment via Telehealth until the previously noted time-period has been reached. ____

-I understand that I will be asked to leave the office if temperature check upon entry is over 100° and/or other symptoms are present. ____

- I will follow state guidelines regarding quarantine upon re-entry if I travel out of state. ____

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, your therapist may be required to notify local health authorities that you have been in the office. If we are required to report this, your therapist 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 Be Inspired Counseling, LLC staff may do so without an additional signed release.

I have read, understand and agree to the information provided above. This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below shows that you agree to these terms and conditions.

Client/ Guardian Printed Name

Therapist Signature

Client/Guardian Signature

Date