

**CONNECTICUT THERAPEUTIC COUNSELING LLC
INFORMED CONSENT FOR IN-PERSON SERVICES**

This document contains important information about Connecticut Therapeutic Counseling LLC (CTC LLC) decision to resume in-person services considering the COVID-19 public health crisis. Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement between you and your therapist.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, your therapist may require the session will be via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if your therapist believes it is necessary, your therapist may determine that the session will return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, your therapist will respect 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 office, you are assuming the risk of exposure to the coronavirus. This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and 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 to indicate that you understand and agree to these actions:

- 1. You will only keep your in-person appointment if you are symptom free. ____**
- 2. If you have a temperature (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. ____**
- 3. You will wait in your car or in a designated safer waiting area no earlier than 5 minutes before our appointment time. ____**
- 4. You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ____**
- 5. You will wear a mask. ____**
- 6. You will keep 6-feet apart and there will be no physical contact. ____**
- 7. If you have a job that exposes you to other people who are infected, you will immediately let your therapist know. ____**
- 8. If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let your therapist know. ____**
- 9. If a resident of your home tests positive for the infection, you will immediately let your therapist know and we will then resume treatment via telehealth. ____**

CTC LLC may 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.

If You or I Are Sick

You understand that your therapist is committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believe you have been exposed, your therapist will require you to leave the office immediately. Your therapist will follow up with services by telehealth as appropriate.

If your therapist test positive for the coronavirus, your therapist 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, we may be required to notify occupants within the building and other clients that have been in the office. If we have to report this, we will only provide the minimum information necessary and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that your therapist may do so without an additional signed release.

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

Date

Therapist

Date