



INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision to begin or resume in-person services during 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. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via telemental health/telehealth for our sessions. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If you decide at any time that you would feel safer staying with or wish to return to telehealth services, I 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 (or other public health risk). This risk may increase if you travel by public transportation 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 and/or resuming a telehealth arrangement.

The following applies to adult and/or children whose preference is to attend therapy in person at my office. Initial each below to indicate that you understand and agree to these actions before coming in for the session:

- You are vaccinated. ____
- If your child, my client, is not vaccinated, I have been made aware of this beforehand and your child agrees to wear a mask in my office at all times. ____
- You will only keep your in-person appointment if you are symptom free unless we have discussed the circumstance and/or you have had a negative COVID test. ____
- If you have been a close contact to someone who has tested positive with COVID, you are symptom free AND you have taken a COVID test 3-5 days after exposure (if vaccinated) or 5-7 days after exposure (if unvaccinated) and have tested negative. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building (there is hand sanitizer by the elevator and in the waiting area in the office suite). ____
- You will adhere to the safe distancing precautions at any time while in the building. ____

- You and I will wear a mask in all areas of the building/office suite unless the state and/or local mandate changes. We will discuss together whether we continue to wear masks during therapy sessions once in my actual office. ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ____
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. ____
- You will take steps between appointments to minimize your exposure to COVID. ____
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/ resume treatment via telehealth. ____

I 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.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office (e.g., sanitizing the door handles, seating arrangements in the office, air purifier, etc). Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am 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 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

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I 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 I may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent/client treatment 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 (Guardian/Parent)

Date

Rebecca Boyko, LICSW

Date



INFORMED CONSENT FOR TELEMENTAL HEALTH

I, _____, hereby consent to participate in telemental health (also known as “telehealth” or “virtual” therapy) with *Rebecca Boyko, LICSW at Bridge to Healing Psychotherapy, LLC*, as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a clinician and a client who are located in two different locations.

I understand the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent at any time without an impact on my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand there are risks, benefits and consequences associated with telemental health, including but not limited to the following: disruptions of transmission by technology failures; interruption and/or breaches of confidentiality by unauthorized persons; and/or the clinician’s limited ability to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization by the client, except where the disclosure is permitted and/or required by law.
- 4) I understand that that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health services unless an exception to confidentiality applies (as per what is outlined in the Informed Consent on the Limits of Confidentiality reviewed with me by my clinician.)
- 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined by my clinician that telemental health services are not appropriate and a higher level of care is recommended or required.
- 6) I understand that if we encounter technical difficulties resulting in service interruptions during a my telemental health session, we will end and restart the session. If we are unable to reconnect within ten minutes, my clinician will be in touch with me to discuss how to proceed since we may have to reschedule.
- 7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of your location at the beginning of each session and identify an emergency contact person who may be contacted on your behalf in life-threatening emergencies only. This contact person will only be contacted to go to your location or to take you to the hospital in the event of an emergency.

In case of an emergency, my location is:

My emergency contact person is _____.

The address and phone number of my emergency contact person is:

I have read the information provided above and have discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Client (Guardian/Parent)

Date

Therapist

Date