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

This document is meant for your consideration if you are contemplating in-person psychological services during the Covid-19 public health crisis. There are many reasons you may prefer in-person services over technological options, such as telehealth. Some of these reasons may be very compelling and require in person consultations. However, it is important that you think very carefully about exposing yourself for any reason during this public health crisis, and be sure that you only make the decision to meet in-person if these services are essential for your health and wellbeing. Some examples of such reasons include, but are not limited to: lack of access to the technological means of communicating in a manner which is not face to face, (ie you do not have access to a computer) your access to technological means is not sufficient to engage in psychological services in an effective manner, (ie our sessions over technological means are ineffectual because of constant breaks, freezes, silences, failures of bandwidth, etc), you believe that your type of therapy is not effective without in-person meetings or you have specific emotional or psychological needs which cannot be met by technological options such as telehealth, and must be addressed on a face to face basis.

If You Decide to Meet Face-to-Face I am willing to have meetings face to face if your reason for doing so is, as stated above, essential for your needs. However, if there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. We agree that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being. Of course, you are also empowered to make that decision at any time and my services always remain available through telehealth.

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). By signing this document you *expressly waive any claim of liability against my practice if you were to contract the COVID-19 virus.* This risk may increase if you travel by public transportation, cab, or ridesharing service. My office shall take *maximum measures* to ensure that my facility is as safe as it can be under the current uncertain circumstances. We shall be following all CDC guidelines as well as Federal, State and County law regarding making this space as safe from health risks as it can possibly be.

Your Responsibility to Minimize Your Exposure / Conditions of In-Person Services To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, me, and our families) 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. By signing this document you agree to do the following: 1) You will only keep your in-person appointment if you are symptom free. 2) 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. 3) You will wait outside my building until before our meeting. I will then come out and escort you inside. The waiting area will not be used. 4) You will wash your hands or use alcohol-based

hand sanitizer when you enter the building. 5) We will maintain a safe distance from one another at all times. You will notice that I have arranged my office for maximum distance between us. 6) You will allow me to open all doors for you to enter and depart, so that you do not needlessly touch any surface. 7) There will unfortunately be no physical touching of any kind between us, which includes hugs and shaking of hands. 8) You will take steps between appointments to minimize your exposure to COVID. 9) If you have a job that exposes you to other people who are infected, you will immediately let me know. 10) If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. 11) 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; and 12) that if you do not wish to wear a mask during in-person therapy you must consent to not do so. I am willing and able to wear a mask at any time.

Once you have read and agree to the 12 conditions listed above, please initial here: _____

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 believe I am sick, I will let you know in advance of our appointment and reschedule via telehealth as necessary.

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 and Release of Liability 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. I am aware that meeting in an office shared with others includes potential dangers of contracting the virus. I release Christy Shea, LMFT and all business owners and lease holders of 1008 Fifth Street, Santa Rosa, CA from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to resuming in-person services and potential exposure. I also agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any release in connection with any of the matters covered by the foregoing release. Please initial here: _____

Patient

Date

Christy Shea – LMFT

Date