

Informed Consent for In-Person Psychotherapy Services During COVID-19 Pandemic

I, _____, understand the following with respect to in-person psychotherapy sessions with my therapist at the Social Anxiety Help office:

I understand that COVID-19 is a highly contagious, and potentially debilitating and life-threatening disease that is spread primarily by person-to-person contact and the exchange of respiratory droplets.

I understand that my therapist has adopted the following measures recommended by the US Centers for Disease Control and Prevention, and by DC Health to greatly reduce the spread of COVID-19:

--I will arrive at my therapy sessions wearing a face mask of at least 3 layers.

--My therapist and I will use hand sanitizer (supplied by my therapist) or wash our hands with soap and water for at least 20 seconds just before beginning our sessions.

--My therapist will assure that the ventilation system is on in the rooms in which we meet, and that there is never more than one person in the waiting room.

--Individual psychotherapy: My therapist and I will wear face shields during our sessions (supplied by my therapist), and we will sit at least 6 feet apart. I have the option to also wear a face mask under the face shield during my visit, and to have my therapist do the same if I so request, but that is my choice because we will be maintaining at least 6 feet of physical distance and wearing face shields.

--Group psychotherapy: Because it is not possible to maintain the recommended 6 feet of physical distancing during group sessions, my therapist and each group member will be required to wear both a 3-layered face mask, and a face shield (provided by my therapist) throughout our visit. We will meet in a well-ventilated room with open doorways at either end, an open stairway in the middle, two ventilation outlets and a ceiling fan. We will be seated about 3 feet apart, and will spread out to 3 rooms when doing group exercises.

Despite following the above public health measures, I understand there is still a small possibility of transmission of COVID-19 as a result of attending in-person psychotherapy sessions.

I understand that, in the event of COVID-19 infection, my therapist may be required to report relevant client information to public health departments or the Center for Disease Control. For example, if anyone who has been in my therapist's office tests positive for COVID-19, disclosure may be necessary for contact tracing or other data collection needs. If reporting is required, only the minimum necessary information will be disclosed.

I commit to notifying my therapist as soon as possible before my appointment if I have symptoms possibly of COVID-19, if I have tested positive for COVID-19, or if I have been exposed to anyone with COVID-19. If this happens, my therapist may instruct me to meet by teletherapy or to cancel my appointment, depending on the exact circumstances. Potential COVID-19 symptoms include: fever; chills; dry cough; runny nose; congestion; headache; sore throat; shortness of breath or difficulty breathing; new loss of taste or smell; muscle or body ache; fatigue; nausea; vomiting; and diarrhea.

Understanding all the above, I knowingly and willingly consent to have in-person psychotherapy sessions during the COVID-19 pandemic. I have read all the information provided above and have discussed any questions I have with my therapist. My questions have been answered to my satisfaction.

Client name, printed

Client signature

Date