

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:

--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 and air purifier are on in the room in which we meet, and that there are never more than two persons in the large waiting room.

--If I am fully vaccinated against COVID, including all boosters for which I am eligible, and demonstrate that by sending or showing my therapist my documentation of vaccination, I may participate in individual or group psychotherapy sessions in person and without wearing a face mask, if I so choose, unless public health guidelines at the time require masking. If I am not fully vaccinated, I may only meet with my psychotherapist remotely, by teletherapy. I understand that persons who are not fully vaccinated may not participate in group psychotherapy sessions.

--In individual therapy, I understand that we will be maintaining at least 6 feet of physical distance during the session. In group therapy, I understand that that amount of physical distancing is not possible. Therefore, I understand that all persons must be fully vaccinated to participate in group psychotherapy, and that face masks will be worn if so required by public health guidelines.

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