Informed Consent for Therapy Services During COVID-19 Outbreak

This document serves to inform you (the client) of the health risks of seeking counseling during the current outbreak of COVID-19, as well as to detail the steps that Caring Counseling is taking to protect the health of our clients, our counselors, our staff, and the general public. By signing this document, you are agreeing that you have read this document fully, you agree the statements within are true, and you accept the health risks of seeking counseling as your own responsibility.

Information Regarding COVID-19

According to the CDC (Centers for Disease Control and Prevention) and their website (cdc.gov), the incubation period for COVID-19 is potentially extend to 14 days. A study quoted on their website reported that above 97% of people develop symptoms within 11.5 days of becoming infected. Due to this as well as the limited methods of testing available, confirming whether or not an individual is infected with COVID-19 is very difficult and in most cases Caring Counseling will have no guaranteed method for doing so.

The CDC has recommended that individuals remain a distance of at least 6 feet apart, avoid gatherings of 50 (some sources reporting as low as 10) people or more, wear medical face masks to prevent the potential spread of disease, and limit public exposure. Despite our best efforts, it is possible that these recommendations will not be upheld properly in the setting of our agency. By signing this document, you accept the risk of infection that is imposed by seeking counseling at our agency during this outbreak, and you agree that Caring Counseling is not responsible for any COVID-19-related health issues that may arise from doing so.

Steps to Prevent and Reduce Exposure

Caring Counseling has spent approximately 1 month closed to the public in an attempt to restructure and make the property and business model as well-suited as possible to limiting the potential spread of disease. These steps have been accomplished by a thorough cleaning and sanitization of the property, rearranging office spaces to allow for social distancing, and informing staff of proper safety precautions when interacting with clients. We have also obtained a digital thermometer and everyone's temperature will be checked at the door – anyone with a temperature above 100°F will not be allowed to enter the building. Additionally, regular upkeep of the property including disinfecting and cleaning of surfaces and common areas will be commenced for the foreseeable future or until the CDC and/or the World Health Organization (WHO) make an announcement that would allow these strict procedures to be relaxed.

It is recommended that you avoid bringing children who do not have a counseling appointment into the building. If your child does have an appointment with a counselor, please be advised that all toys have been removed from the property, children will be expected to follow social distancing protocols, and their temperature will be checked at the door.

Confirmation of Health

By signing this document, you confirm that at the time of signing you are not experiencing the following symptoms which are commonly associated with infection by COVID-19.

- Fever
- Cough
- Fatigue
- Anorexia (lack of appetite)
- Shortness of breath
- Sputum production (coughing up phlegm, or “gunk”)
- Myalgias (muscle pain)

You also agree that if you develop any of the above symptoms or are confirmed to be infected by COVID-19, you will refrain from coming to our property for the safety of our clients, staff, and counselors until you no longer display the previously listed symptoms.

By signing below, you agree to the statements and terms of service listed on the previous page. Your signature of this document will be valid for one year after signing, or until the CDC or WHO declare that quarantine and special procedures to prevent the spread of COVID-19 are no longer necessary, whichever event should occur first.

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Signature of Patient or Personal Representative

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Printed Name of Patient or Personal Representative

___________/___________/______________________

Date

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Description of Personal Representative’s Authority