

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

This document outlines the joint decision (clinician and client) regarding in-person services during the COVID-19 health crisis. Once signed, this is an official agreement that you understand fully the risk in-person services have, and hold harmless the clinician, and all employees of Laguna Beach Counseling.

Decision to Meet Face-to-Face

You 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, the clinician may require meetings via telehealth. If you have concerns about meeting through telehealth, you agree to discuss these with your clinician prior to meeting. You also understand that, if the clinician deems it necessary to hold sessions exclusively via telehealth, this is a decision made for everyone's well-being. If you decide at any time you feel safer starting, staying with, or returning to, telehealth services, the clinician will respect that decision provided it is feasible and clinically appropriate.

Reimbursement for telehealth services, is determined at the discretion of individual insurance companies and applicable law. You agree to discuss any reimbursement concerns with your clinician prior to meeting via telehealth.

Risks of Opting for In-Person Services

You understand that by coming to the offices of Laguna Beach Counseling, you are assuming the risk of exposure to COVID-19 (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in-person, you agree to take certain safety precautions to reduce your risk of exposure, illness, and possible death. If these safeguards are not adhered to, you agree to starting, staying with, or returning to meeting via telehealth. Please initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free.
- You will take your temperature before coming to in-person appointments and if it is elevated (100 Fahrenheit or more), or if you have other COVID-19 symptoms, you will contact the clinician to reschedule or hold the appointment via telehealth. If you are symptomatic and cancel the appointment for this reason, you will not be charged the normal cancellation fee.
- You will wait in your car or outside until no earlier than five [5] minutes before the in-person appointment time.

- You will wash your hands or use alcohol-based hand sanitizer immediately prior to the in-person appointment.
- You will adhere to safe distancing precautions set up in the waiting or session rooms and will not move chairs or sit in areas that may be marked as closed.
- You will wear a mask in all areas of the waiting or session rooms and will not remove your mask until seated in the session room, with a distance of six [6] feet or more between you and the clinician, if you have both agreed to remove them.
- You will have no physical contact with the clinician or any employee of Laguna Beach Counseling.
- You agree to try and not touch your face or eyes with your hands.
- If you bring a child or other family member to the in-person session, you agree that they will also follow these sanitation and distancing protocols.
- You will take steps to minimize your exposure to COVID-19 between in-person appointments.
- If you have been exposed to someone who has tested positive for COVID-19, you will immediately notify your clinician prior to meeting in-person.
- If you have a job, commute, or other responsibilities/activities that put you in close contact with others who may have COVID-19, you will notify your clinician prior to meeting in-person.

Laguna Beach Counseling and your clinician reserve the right to change the above precautions to maintain adherence to local, state, or federal orders or guidelines. Any adjustments will be communicated by your clinician prior to meeting.

Our Commitment to Minimize Exposure

Laguna Beach Counseling clinicians take steps to reduce the risk of spreading COVID-19 in the office and these precautions are posted in the waiting room. Please discuss any questions about our office precautions with your clinician.

If you show up for an in-person appointment and the clinician, or any employee of Laguna Beach Counseling comes to know that you have been exposed to COVID-19, you will be required to leave the office immediately. Your clinician will follow-up with services via telehealth as appropriate.

If your clinician or any employee of Laguna Beach Counseling is exposed to COVID-19, you will be notified, so appropriate precautions can be taken.

Your Confidentiality in the Case of Infection

If you have tested COVID-19 positive, Laguna Beach Counseling may be required to cooperate with local health authorities regarding your presence in the office. If required to report, only the information necessary for contact tracking/public health data collection will be shared. No details pertaining to the reason or content of your appointment will be shared. By signing this form, you agree that Laguna Beach Counseling can share this information without an additional signed release.

Informed Consent

This agreement supplements the general informed consent signed prior to working with your clinician.

Waiver, Release, and Indemnification

By signing below, the undersigned hereby releases, waives, and holds harmless Laguna Beach Counseling, and its employees, from any and all suits, claims, damages, losses, injuries (including property damage, bodily injury or death), and any other compensable loss of any type (collectively "Claims") to you and your family directly or indirectly arising out of your participation via in-person sessions. You further agree to defend and indemnify Laguna Beach Counseling from any and all Claims directly or indirectly arising out of the negligent, reckless or willful acts or omissions of you or your family.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AND AGREE IN IT'S ENTIRETY

NAME: _____

SIGNATURE: _____ DATE: _____