



Consent for Returning to In-Person Psychological Services

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully, and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, Tyler Psychological Services has transitioned to providing most services via telecommunications technology. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

In-Person Services Rationale

We have determined that in-person services are appropriate at this time for your situation for the following reason(s):

- Telehealth has not been sufficient in meeting my treatment goals.
- I am having technology problems and/or technology prevents accessing care.
- I believe meeting with my therapist in-person will help me reach my treatment goals sooner and/or more effectively.
- I have been vaccinated and believe it is safe to return to in-person services
- Other, please specify: _____

Risks of Opting for In-Person Services

Tyler Psychological Services remains committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in the offices. Despite the careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in the office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company.

Practice Steps to Reduce Exposure

Tyler Psychological Services has taken steps to reduce the risk of spreading the coronavirus within the office. I have implemented the guidelines outlined by the CDC and IDPH to improve safety from virus contagion. Please understand that if I test positive for the coronavirus, I will notify you so that you can take appropriate precautions as you deem necessary. Although these steps will improve safety, it is impossible to guarantee any outcome with an invisible virus. Please let me know if you have questions about these efforts.

In order for me to provide you with in-person services, the following protocols in accordance with the CDC and the IDPH must be followed by patients/clients and providers (please initial each item):

_____ (initial) I commit to complete the In-Person Screening form before all in person sessions. The form can be found here: <https://www.tylerpsych.net/paperwork>. I understand my therapist will not start the session until this form is completed. If the answers to any of these questions is YES, I understand my session will be rescheduled or telehealth will be offered.

_____ (initial) I commit to not entering the waiting room until **2 minutes** before my appointment.

_____ (initial) I commit to wearing a mask in the building and waiting room and socially distance from others (6ft minimum) while in the facility. If I don't have a mask, I can ask my therapist and one will be provided to me.

_____ (initial) I commit to rescheduling a session or asking for telehealth if I am experiencing any of the following symptoms in the last 72 hours: fever, chills, sore throat, cough, chest congestion, nausea, shortness of breath, or loss of smell.

_____ (initial) I commit to rescheduling a session or asking for telehealth if I travel to an Orange state, as indicated on this website: <https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html#cds-tabs-1447250451-6>.

_____ (initial) I commit to updating my answers to the Initial In-Person Screening Survey if my responses have changed. I acknowledge that a copy of this has been emailed to me and my therapist has hard copies in the office.

_____ (initial) I acknowledge that hand sanitizer will be provided and I am able to use it at any time.

_____ (initial) I acknowledge that there will be no physical contact with others in the office.

_____ (initial) I agree to not bring other dependents or family members into the facility unless a plan is previously discussed with my therapist.

Please note:

The usual policies of payment for missed sessions with less than 24 hours' advance notice are suspended during the current situation

As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

Patient/Client

Date

Therapist

Date