



Counseling & Psychological Associates

Chestnut Hill Location

Top Of The Hill Plaza
8705 Germantown Avenue
Philadelphia, PA 19118
Phone: 215-247-5400

Conshohocken Location

18 Elizabeth Street
Suite 300
Conshohocken, PA 19428
Phone: 215-247-5400

Informed Consent for In-Person Services During COVID-19 Public Health Crisis

Client Name: _____

Any statements below are made on behalf of the above **Client Name, Evergreen Counseling and Psychological Associates (Evergreen), and My Provider:** _____ collectively.

My Provider and Evergreen have taken steps to reduce the risk of spreading the COVID-19 within their building(s) and My Provider's office. I understand that Evergreen or My Provider, may change the below guidelines and/or precautions if additional local, state, or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

By signing my name below, I am acknowledging complete understanding of the contents of this document and fully agree to the terms of this COVID-19 In-Person Consent Agreement. I understand that this document contains important information about our collective decision to conduct in-person services in light of the ongoing COVID-19 public health crisis. I understand that, by signing this document, it will be an official agreement between us.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. I understand that if there is a resurgence of the pandemic or if other health concerns arise, that My Provider and/or Evergreen, may require that we meet via telehealth. If I have concerns about meeting through telehealth, we will talk about it first and try to address any issues. I also understand that I have the right to decline telehealth at any time, even if that means that I will go without necessary psychotherapy from Evergreen Counseling and Psychological Associates, LLC.

Risks of Opting for In-Person Services

I understand and acknowledge that I have been provided the option to meet (or to continue to meet) remotely, and that by declining to meet remotely and instead meet in person, I may be elevating the risk for me contracting COVID-19, and that by coming to the office, I am assuming the risk of exposure to COVID-19 (or other public health risks).

Since the decision to attend in-person sessions was made voluntarily by me, I hereby relieve My Provider and Evergreen, of all liability as it pertains to the risk and/or consequences of me contracting COVID-19, up to and including death and/or infection or death of others.

Responsibilities to Minimize Exposure

In order to obtain services in person, I agree to taking all of the precautions listed below, which will help keep everyone (me, My Provider, our families, other staff, and other clients) safer from exposure, sickness, and possible death. I understand that if I do not adhere to these safeguards, it may result in our having to consider starting/returning to a telehealth arrangement.

- I will only keep my in-person appointment if I am symptom free, including free of any: Fever or Chills, Coughing, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle or Body Aches, Sore Throat, Congestion or Runny Nose, Nausea or Vomiting, Diarrhea, or New Loss of Taste or Smell.
- If my symptoms start more than (48) hours before my session, I am expected to cancel the appointment with the required (48) hours' notice or elect to do the session remotely.
- If a resident of my home tests positive for the infection, I will immediately let my Provider know, and we will then consider beginning/resuming treatment via telehealth for one or more sessions.
- I will use hand sanitizer upon entering the office space and observe safe social distance from providers and others I encounter.

Our Mask Policy

Evergreen's official policy does not require masking in the office for either the patient or the clinician. However, each of our clinicians are personally free to make their own decision to wear a mask inside the office. They may also have individual preferences for patients masking during sessions. However, if a patient has never been vaccinated for COVID-19, Evergreen strongly recommends masking during sessions.

If Either of Us Is Sick

I understand that My Provider is committed to keeping everyone safe from the spread of COVID-19. I understand that I can be seen via telehealth for current or any future sessions. I understand that if My Provider, or any other facility staff test positive for COVID-19 I will be notified so that I can take appropriate precautions.

My Confidentiality in the Case of Infection

I understand that if I have tested positive for the Coronavirus, My Provider may be required to notify local health authorities that I have been in the office. If a report is required, only the minimum information necessary for their data collection will be provided and will include any details about the reason(s) for our visits. I agree that this may be done without an additional signed release.

Informed Consent

By signing my name below, I acknowledge complete understanding of the contents of this document and fully agree to comply with the terms of this COVID-19 In-Person Consent Agreement.

Signature of Client (14 Years Old or Older)

Date

Signature of Parent/Guardian

Date

Signature of Provider

Date

☐ *Client and/or Parent/Guardian was/were provided a copy of this form.*