

ZACHARY SCHWARTZ, MSW, LCSW, LLC

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

This document contains important information about our mutual decision to meet/resume in-person psychotherapy during the COVID-19 public health crisis. Please read this document carefully and let me know if you have any questions. When you sign this document, it will be considered an official agreement between us.

DECISION TO MEET IN-PERSON

We have agreed to meet for in-person sessions. If there is a resurgence of the pandemic or if other health concerns arise, you or I may choose to meet via telehealth. If you have concerns about meeting via telehealth, we will discuss it thoroughly and try to address any issues.

Reimbursement for telehealth services is determined by insurance companies and applicable law, so reimbursement for therapy could change if we decide to meet via telehealth, depending on many variables.

RISKS OF OPTING FOR IN-PERSON SERVICES

You understand that by coming to the office for in-person therapy that you are assuming the risk of exposure to COVID-19 (or other public health risk).

OUR RESPONSIBILITY TO MINIMIZE RISK

To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, me, our families, communities, and other clients) safer from exposure, sickness and possible death.

Please initial each action to indicate your understanding and agreement:

We will only keep our in-person appointments if you are symptom-free: _____

You will enter the office building no more than 5 minutes prior to your session time, and then come up to the office suite and have a seat in the waiting room until I get you for our appointment: _____

If you become aware that you have been exposed to someone who has tested positive for COVID-19, you will inform me immediately and we will then discuss how to proceed with either in-person or telehealth therapy until more information is known: _____

YOUR CONFIDENTIALITY IN THE CASE OF INFECTION

If you have tested positive for COVID-19, I may be required to notify local health authorities that you have been in the office. If I must report this, I will only provide the minimum information necessary for their data collection and will not provide any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do this without an additional signed release.

INFORMED CONSENT

This agreement supplements the general informed consent agreement that we agreed to at the start of our work together. Your signature below indicates that you agree to these terms and conditions.

ZACHARY SCHWARTZ, MSW, LCSW, LLC



Client (16 years of age or older) or Parent/Legal Guardian

Date

Zachary Schwartz, LCSW

Date