

Tenley Fukui, MA, LPC

## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID**

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID health crisis. Please read this carefully and let me know if you have any questions. When you sign 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. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

### **Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by air, public transportation, cab, or ridesharing service.

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, other therapists and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting or returning to a telehealth arrangement. 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 each appointment, if you feel sick. If it is elevated (100 °F or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. \_\_\_\_
- You may sit in the waiting room if there are no more than 3 people. Otherwise, you will wait in your car or outside until no earlier than 5 minutes before our appointment time and try not to bring extra people with you to wait for or during your appointment. \_\_\_\_
- I request that you wear a mask until we are 6 feet apart and if we do biofeedback or neurofeedback. You are free to wear a mask throughout the session and ask me to do so, too. \_\_\_\_
- You will attempt to keep a distance of 6 feet and there will be minimal physical contact (e.g. my placing electrodes on you) with me. \_\_\_\_
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then [begin] resume treatment via telehealth. \_\_\_\_

I may change the above precautions if additional local, state or federal orders or guidelines are

published. If that happens, we will talk about any necessary changes.

### **My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the Montrose office. There is ultraviolet light through the air conditioning and heater which kills bacteria and viruses. The Montrose offices are also cleaned and sanitized with disinfectants known to kill Covid-19. If we do neurofeedback/biofeedback, your electrodes are cleaned with ultraviolet light between uses. We will both wear masks with neurofeedback or biofeedback and I will also wear gloves at that time. Please let me know if you have questions about these efforts.

### **If You or I Are Sick**

You understand that I am committed to keeping you, me, other therapists and other clients, and all of our families safe from the spread of this virus. If you show up for an appointment and I or other therapists in the office believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions. If any clients are diagnosed with COVID-19, I will make every effort to notify other clients that were in the office the previous 10 days.

### **Your Confidentiality in the Case of Infection**

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

### **Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

### **Office Safety Precautions in Effect During the Pandemic**

My office is taking the following precautions to protect our clients and help slow the spread of the coronavirus as we return to face-to-face sessions.

- Therapist maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands for 20 seconds and completely drying them before entering the suite.
- Hand sanitizer that contains at least 60% alcohol is available upon request in Tenley Fukui's office.
- I ask all patients to wait in their cars or outside until no earlier than 5 minutes before

their appointment times if the waiting room has 3 people in it.

- Physical contact is required for neurofeedback/biofeedback. You may choose not to have these services.
- Offices and common areas are disinfected.

I have read and understand the information provided above regarding returning to in person services, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. By my signature below, I hereby state that I have read, understand, and agree to the terms of this document and consent to resume/start in person services.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_