



CONSENT FOR RETURNING TO IN-PERSON PSYCHOLOGICAL SERVICES

Review and sign the form below agreeing that you have read, understood, and agree to the information in this document. Either bring this form to your office visit or email the form to bnagode@drmsgibson.com

If you have any questions, please call 630-759-4000
or email bnagode@drmsgibson.com

Thank you
Marcia Gibson, Psy.D., Owner

This Consent for Returning to In-Person Psychological Services is a supplement to our 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, our practice 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. Therapist and client together will have to determine such need. In other cases, where a client requests to resume in-person services, depending on available openings, which can be limited at this time, we will do our best to try to accommodate you.

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.

In order for me to provide you with in-person services, the following protocols must be followed by all clients and providers:

- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
- Clients and providers will be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you.
- You will be asked to wait in your vehicle or outside the office until you receive a text, email, or phone call from office staff or your therapist, indicating that you can enter the office. The door to the waiting room will be locked at all times. Your therapist will greet you at the door.
- Upon entering the office, a temperature check with a contactless thermometer will be conducted. Everyone with a fever of 100 or higher will be asked to leave. All clients, therapists and staff members will be asked to fill out, sign, and date a form that asks questions related to COVID-19 at each session. Any staff member with 100 degrees temperature or higher, has any symptoms consistent with COVID-19, has been exposed to someone that has symptoms of COVID-19, or diagnosed with COVID-19, will be asked to leave.
- Hand sanitizer will be provided at the office entrance and must be used upon entering the office. For those that prefer hand washing, we will guide you to the restroom. Therapists will use hand sanitizer and/or wash their hands before entering the therapy room.
- Due to the extended protocols we must follow, sessions will have to adhere to 50 minutes per session only. This is to ensure the same safety for every client and staff member in our office.
- There will be no physical contact with others in the office.
- The restrooms will be disinfected and cleaned every hour. We have provided touchless soap dispenser in each restroom. In addition, before and after each session, the therapist/staff member will disinfect doorknobs, light switches, surfaces, and any other area that people might have come in contact with.
- For additional safety and protection from COVID-19 for both therapist and client, each therapy office will be equipped with a plexiglass guard and hand sanitizer will be available in all offices and open spaces.
- You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19, or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. The usual policies of payment for missed sessions with less than 24 hours advance notice are suspended during the current situation. If possible infection or possible risk of infection do not apply, you will be charged our usual policy of payment for missed sessions which is the full fee for the session. Your therapist will notify you as soon as possible if they have been exposed or show any symptoms of COVID-19. At that time, they will inform you if the session will be conducted by telehealth or be suspended for the time being.
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

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.

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

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.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature

Please Print Name

Date