

Informed Consent for in-person counseling services during COVID-19

Decision to meet in-person

This document contains important information about our decision (yours and mine) to resume (or begin) in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions.

You are consenting to meet for in-person sessions without wearing masks during the COVID-19 pandemic. By agreeing and coming into the office, you assume the risk for exposure to COVID-19 or other public health risks. You are under no obligation to attend in-person therapy sessions and **may choose to return to telemental health (TMH) sessions at any time**. When you sign this document, it will be an official agreement between us.

My commitment to minimize exposure

- If I am experiencing, flu, fever, respiratory symptoms or have been out of the country/state, I will not see clients in the office for two weeks following, and all sessions will be via teletherapy.
- I will wear a mask in all common area of the building.
- I will open and close office doors for you.
- Areas and objects that may be commonly touched are sanitized after each use.
- You can pay for the session with cash or check, or I will use contactless credit card processing and sign for you on the payment device. I can also send an invoice for payment via email, if you prefer.
- My chair will be a minimum of 6 feet away from where you sit in the office.
- I will spray disinfectant on client seating areas between each appointment.
- Common areas will be sanitized at the end of each day.
- I will provide hand sanitizer in the counseling room for your use.

Your commitment to minimize exposure

To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other clients) safer from exposure and sickness. I have the right to terminate any in-person sessions if it becomes unsafe during the COVID-19 pandemic.

Please read and initial each of the following precautions to indicate that you understand and agree to these actions:

____ If you are experiencing flu, fever, respiratory symptoms or have been out of the country/state, you agree to cancel the in-person appointment or proceed using TMH. If you wish to cancel for this reason, I will not charge you the normal cancellation fee.

Cynthia Aerni, MS, LPC
2929 SW Multnomah Blvd. Suite 203A
Portland, Oregon 97219
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____ You agree to wear a mask in all common areas of the building.

____ You agree to wait in your car or outside until I either call or text you that it is time to come into the office for our appointment. I will meet you at the door and escort you into the office.

____ You agree to wash your hands or use an alcohol-based hand sanitizer when you enter and leave the building.

____ You agree to adhere to safe distancing (6 feet or more) and to avoid all physical contact (e.g. no shaking hands) while you are in the office.

____ You agree to take precautionary steps to minimize your exposure to COVID-19 before and between our appointments.

____ You agree to notify me if you or a member of your household was reasonably exposed to COVID-19.

____ You agree to notify me if you or a member of your household works in an environment that is frequently exposed to COVID-19.

____ You agree to notify me if you or any member of your household has tested positive for COVID-19.

I reserve the right to amend or add to any of the foregoing precautions according to published federal, state, or local health guidelines. I will notify you of any changes to this agreement.

Contact tracing and your confidentiality

Oregon is engaging in contact tracing which requires that If you or I have tested positive for the coronavirus, I am required to report that information. I can provide a copy of the Oregon Health Authority information relating to the guidelines of contact tracing at your request.

Should this situation arise, I will provide the minimum amount of information necessary which will not include any confidential/personal details about our visits.

Your signature below indicates that you agree to these terms and conditions.

Client

Date

Client

Date

Cynthia Aerni, M.S., LPC

Date