

# Heidi Naumowicz, LCSW, LLC

*Psychotherapy, Coaching, & Organizational Consultation*

## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

I, \_\_\_\_\_ (printed name) understand that this document contains important information about our decision (yours and mine) to resume 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. When you sign this document, it will be an official agreement between us.

### Decision to Meet Face-to-Face and Associated Risks

We have agreed to meet in person for some or all future sessions. Know that by meeting face to face, we are both increasing the likelihood of us unknowingly transmitting a virus between us. This document exists to outline how we will attempt to mitigate that risk. But we cannot eliminate the possibility completely. Your signature and mine on this document constitute our understanding that we will hold each other harmless in the event either or us becomes ill, and that we understood the risk of meeting in person.

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.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

### Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / 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 it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, or other symptoms of illness, you agree to cancel the appointment or proceed using telehealth. I won't charge you our normal cancellation fee.
- You will let me know if you have been exposed to COVID19 or test positive, so that we can make appropriate arrangements to return to telehealth. \_\_\_\_\_
- You will text when you arrive for session and wait in your car or outside until I notify you to come in and open door(s) for you until we enter phase 5 of Illinois' plan to reopen. \_\_\_\_\_
- You will wear a mask in all areas of the office especially in common, shared areas of the office until face covers are no longer required by law. \_\_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me \_\_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_\_
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. \_\_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_\_

- If a resident of your home tests positive for the infection, or you are notified that you have been exposed to the virus, 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**

I, and my other office tenants, have taken steps to reduce the risk of spreading the coronavirus within the office. You also are entitled to know that I will do the following to limit your risk to exposure to the virus:

- Take my temperature before coming to office every day
- Restricting use of the waiting area and beverage offerings until phase 5 of Illinois’ reopening plan for McHenry County
- Opening all doors for you until phase 5 of Illinois’ reopening plan for McHenry County
- Providing masks and gloves should you forget yours
- Providing at least 60% alcohol-based hand sanitizer for your use
- Wearing my own mask
- Increased cleaning of common areas and cleaning office in between sessions
- Staggered in person sessions to decrease in person contact and transmission
- Use touchless credit payment options so that I do not touch your credit card. Checks and cash will still be accepted and we can discuss process in session.

Please let me know if you have questions about these efforts.

**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.

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

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Heidi Naumowicz, LCSW

\_\_\_\_\_  
Date