

Aquiline Counseling PLLC

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

This document contains important information about our decision (yours and mine) to have 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

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.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. 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.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of possible exposure to the coronavirus or other public health risk.

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, friends, and other patients) 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 telemental health arrangement.

- You will only keep your in-person appointment if you are COVID symptom free. If you have symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. Cancellation fees *may* apply.
- You will take steps between appointments to minimize your exposure to COVID.
- If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin or resume treatment via telehealth for the period of quarantine time currently recommended by the CDC.

- If you have contact or are exposed to anyone *known* to be COVID-19 positive, you will immediately let me know. We will discuss the circumstances of your exposure and decide if it is prudent to begin or resume treatment via telehealth for the period of quarantine time currently recommended by the CDC. If you are a first responder or healthcare worker and were exposed but were wearing appropriate PPE there *may* be no need to cancel in-person sessions.
- You are offered telehealth therapy appointments at any time. If you feel uncomfortable coming into the office at any time you understand that you are welcome to do telehealth appointments. You agree to let me know your concerns.
- You agree to hold Sandy Tudor and Aquiline Counseling PLLC harmless if you chose to do in-person therapy sessions when telehealth sessions are available, and you or someone you know contracts COVID-19 due to coming into my office.

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 office. 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, others in my office suite, and all of our families safe from the spread of this virus. If you show up for an appointment and I 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 or anyone I know of that has been in my office suite test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

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 that you have signed.

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

Print name

Signature

Date