



Courage Counseling

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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 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

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 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 safety and well-being.

If you decide at any time that you would feel safer staying with telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is 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 exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, Uber or ridesharing service. By signing this document you are stating that you have made the choice and agree to meet in person. You are aware of the risks involved. Any exposure or contraction of any strand of COVID is a result of your choices and Courage Counseling is not held responsible.

Your Responsibility

To obtain services in person, you agree to take and adhere to certain precautions which will help keep everyone (you, me, our families, and other clients) safer from exposure, sickness and possible death.

- You will only keep your in-person appointment if you are symptom free. ____
- You will allow your temperature to be taken before sessions. If it is elevated (99.6 Fahrenheit or more) we will postpone session or reschedule for a telehealth session ____
- If you have symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you cancel for this reason, no cancellation fee will be charged. ____
- If you are exposed to people who are infected, you will immediately let me know. ____
- 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. ____



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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

My practice has taken steps to reduce the risk of spreading the coronavirus within the office. This includes, keeping seating distance 6 ft a part and providing hand sanitizer. 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, 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 test positive for, or am exposed to 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

Your signature below states that you agree to in person sessions with the previously stated precautions in place, while understanding this is not a guarantee of safety from, or eliminating exposure to COVID-19 virus. You are entering in person sessions with this knowledge and therefore Courage Counseling and its members are absolved of any responsibility for any contraction of the virus.

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 Signature

Date

Provider Signature

Date