



Consent Form for In-Person Psychological Services

This is a supplement to the general informed consent form that you signed to become a client of Insight Psychological Group (IPG), and it is used when your clinician determines that in-person treatment is clinically appropriate. If there is a resurgence of the Covid-19 pandemic or if other health concerns arise, however, your treatment may need to take place via telehealth.

This form provides consent for _____ to participate in in-person
(name of patient)
psychotherapy sessions with _____ at IPG.
(name of therapist)

- I understand the following with respect to in-person sessions during and after the Covid-19 pandemic:
 - Covid-19 is an extremely contagious and dangerous disease spread mainly from person to person through airborne respiratory droplets.
 - The Centers for Disease Control and my state and local authorities have strongly recommended obtaining an available vaccine for Covid-19 to help minimize the risk of contagion.
 - IPG has adopted reasonable safety precautions (such as ensuring all in-person staff are vaccinated, hand sanitizer is easily accessible, minimizing patient volume in waiting areas, masks are required in all public areas by all individuals) to minimize the risk of potential transmission of Covid-19, but there is still a possibility of transmission as a result of attending in-person therapy.
 - Federal and state laws authorize public health departments to collect patient information to prevent or control disease and for related public health needs, and IPG may be required to report Covid-19 related patient information to public health departments, HHS, or the CDC if anyone who has been in my therapist's office tests positive for Covid-19. If such reporting is required, I understand that only the minimum necessary information will be disclosed.

- To minimize the risk of Covid-19 transmission, I agree to the following:
 - I will disclose whether I or my child have been vaccinated. In the event that I or my child have not been vaccinated, I will talk about the reasons for this with my therapist and whether it's still possible to meet safely in person.
 - I will only keep my in-person appointment if I am symptom free.
 - I will only keep my in-person appointment if I have been fever free for a minimum of 10 days prior to my appointment.
 - I will cancel my appointment if I have been in contact with someone who has tested positive within the last 14 days.



- I will take my temperature before coming to each appointment. If it is elevated (100° Fahrenheit or more) or if I have other symptoms of Covid-19, I agree to cancel the appointment or proceed using telehealth.
- I will wait in my car or outside the building until no earlier than 5 minutes before our appointment time.
- I will wear a mask in all public areas of the office and will discuss with my therapist whether removing my mask is safe and advisable once in a closed treatment room.
- When my child is the patient, I will ensure they follow all the same rules as I do.
- I will take steps between appointments to minimize my exposure to COVID and inform my therapist when my job or my commute puts me in close contact with individuals who may be infected.
- I understand that if my therapist believes I have been exposed to or may be infected with the virus, I may immediately be sent home.

➤ This consent shall be in effect for the duration of my or my child’s treatment at IPG.

Attestation: I knowingly and willingly consent to have in-person sessions for myself or my child at this time, despite the increased risk of contracting Covid-19. I have read and agree to the information stated above and discussed it with my therapist, and all of my questions have been answered to my satisfaction.

Signature of client/parent/legal guardian

Date

Signature of the therapist

Date