

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

This document contains important information about the decision to **resume in-person services in light of the COVID-19 public health crisis**. The following guidelines are set out by the BC Provincial Health Officer and BC Health Regulators, the BC Centre for Disease Control, WorkSafe BC, and the therapists' provincial governing boards. Please read this carefully and let your therapist know if you have any questions. **When you sign this document, it will be an official agreement between you and your therapist at Brentwood Counselling Centre.**

Decision to Meet Face-to-Face

You agree to meet in person with your therapist for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, your therapist may require that you meet via telehealth video conferencing. If you have concerns about meeting through telehealth, you and your therapist will talk about it first and try to address any issues. You understand that if your therapist believes it is necessary, you may return to telehealth video conferencing for everyone's well-being.

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

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in starting / returning to a telehealth video conferencing arrangement. **Initial each to indicate that you understand and agree to these policies (by typing in your initials, you have electronically acknowledged your agreement):**

- You will only keep your in-person appointment if you are healthy and symptom free.
____Client Initial
- You agree to wear a mask during your visit to our office. ____Client Initial
- If you are feeling sick, have cold or flu symptoms, or feel feverish, you agree to cancel your appointment or proceed using telehealth video conferencing and only return to the counselling office after you feel better. If you wish to cancel for this reason, you will not be charged the cancellation fee. ____Client Initial
- If you are considered "high-risk" for the virus (e.g., compromised immune system, parents with babies, pregnant, or elderly), you bear the legal responsibility when choosing to come for an in-person appointment. You may opt to use telehealth video conferencing for your sessions.
____Client Initial

- If you have recently returned from travel outside of BC or have been in direct contact with someone who has just returned, you will not return to counselling office until after 14 days and you are symptom free.
____Client Initial
- If you or someone that you have been in close contact with, have positively tested for COVID-19, you will not return to my office until your doctor has cleared your safe return. Your therapist may request a doctor's note stating a negative test for the virus.
____Client Initial
- You will wait in your car, outside, or in a designated safer waiting area until no earlier than 5 minutes before your appointment time. ____Client Initial
- You will wash your hands or use alcohol-based hand sanitizer (provided in the waiting area) when you enter the office. ____Client Initial
- You will adhere to the safe distancing precautions set up in the waiting area and therapy room. For example, you will not move chairs or sit where there are signs asking you not to sit. ____Client Initial
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with your therapist. ____Client Initial
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. ____Client Initial
- If you have a job that exposes you to other people who are infected, you will immediately let your therapist know. ____Client Initial
- If a resident of your home or someone you have been in close contact with tests positive for the virus, you will immediately let your therapist know and you will then resume treatment via telehealth video conferencing.
____Client Initial
- All payment transactions will be processed through the clinic's booking system, Jane App. There will be no in-person credit card transactions or cash payment taken. ____Client Initial
- In the counselling office, you will only use the waiting area and your therapist's room, and not enter other rooms, including the kitchen.
____Client Initial

The staff at Brentwood Counselling Centre may change the above policies if additional local, provincial or federal orders or guidelines are published. If that happens, your therapist will discuss any necessary changes with you.

Brentwood Counselling Centre's Commitment to Minimize Exposure

The staff at Brentwood Counselling Centre have taken steps to reduce the risk of spreading COVID-19 within the office and have posted our efforts on our website and in the office. Please let your therapist know if you have questions about these efforts. ____Client Initial

If Your Therapist is Sick or You are Sick

You understand that your therapist is committed to keeping everyone safe from the spread of this virus. If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believe you have been exposed, you will be required to leave the office immediately. You can follow up with services by telehealth video conferencing as appropriate. ____Client Initial

If your therapist or other staff members test positive for COVID-19, your therapist will notify you so that you can take appropriate precautions.



Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, your therapist may be required to notify local health authorities that you have been in the office. If your therapist has to report this, he or she will only provide the minimum information necessary for the health authorities' data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that your therapist may do so without an additional signed release. _____ Client Initial

Informed Consent

This agreement supplements the general informed consent that you agreed to at the start of your therapy sessions at Brentwood Counselling Centre.

I, _____ have read and understood the entirety of this document and agree to these terms and conditions during the COVID-19 pandemic while seeing a therapist at Brentwood Counselling Centre, until the government deems it safe to lift these policies. **By typing in your name and date, you have electronically acknowledged your agreement.**

Client A's Signature

Date

Client B's Signature

Date

Parent/Guardian's Signature

Date

Clinician

Date

By typing in your name and emailing back this form or using an electronic signature, you have electronically acknowledged your agreement.