



Informed Consent For In-Person Services During COVID-19 Public Health Crisis

This document contains important information about our decision (yours, Polaris Counseling and your counselor) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let us 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

You and your counselor 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, your counselor may require that you meet via telehealth. If you have concerns about meeting through telehealth, you and your counselor will talk about it first and try to address any issues. You understand that, if your counselor believes it is necessary, he/she may determine that you 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, we will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, 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, 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 (you, Polaris staff, your counselor, 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, you agree to

cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, we won't charge you our normal cancellation fee. ____

- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time or your counselor contacts you to let you know you can enter the office. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building (available at the entrance to the building, outside bathrooms, and 205 suite waiting area). ____
- You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. ____
- You will wear a mask in all public areas of the office (staff and counselors at Polaris Counseling will too). Illinois law requires that as an essential business we must "wear face coverings where maintaining a six-foot social distance is not possible at all times." Due to the fact that we are able to safely maintain a six-foot social in the therapy room we are not requiring a face covering be worn during the session. However, this will be left at the discretion of both you and your counselor (each counselor and client has their own risk tolerance and comfort level). We encourage you to speak with your counselor to decide if either you, your counselor, or both wish to wear a face covering during the session. ____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with your counselor or Polaris staff. ____
- 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 you have a job that exposes you to other people who are infected, you will immediately let your counselor and Polaris staff know. ____
- If your commute or have other responsibilities or activities that put you in close contact with others (beyond your family), you will let your counselor and Polaris staff know. ____
- If a resident of your home tests positive for the infection, you will immediately let your counselor and Polaris staff know and we will then begin/resume treatment via telehealth. ____

We 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

Polaris Counseling has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website. Please let me know if you have questions about these efforts.

If You or Your Counselor Are Sick

You understand that Polaris is committed to keeping you, our counselors, our staff, and all of our families safe from the spread of this virus. If you show up for an appointment and your counselor or Polaris staff believe that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If your counselor tests positive for the coronavirus, your counselor or Polaris staff 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, we may be required to notify local health authorities that you have been in the office. If we have to report this, we 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 we may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent that we agreed to at the start of our work together.

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

Patient/Client

Date

Counselor

Date