

Green House Group, PA

Psychotherapy and Consultation

250 Commercial Street, Suite 3004 * Manchester, NH 03101 * (603) 668-3050 * Fax (603) 668-8666

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

Risks of Meeting Face-to-Face

I have agreed to meet with my therapist in person. While GHG, PA will take actions to minimize the risk to both staff and clients (see below), I understand and accept that meeting in person may increase my risk of exposure to COVID-19. This risk may increase further if my travel to the session occurs by public transportation, cab, or ride-sharing service. I also understand that I, my therapist, or GHG, PA may decide to revoke this consent and resume telehealth at any time for the sake of everyone's well-being. If I have concerns or questions about telehealth, I will discuss these with my therapist.

Responsibility to Minimize Exposure

I agree to take certain precautions which will help keep everyone (me, my clinician, the GHG, PA staff and other clients) safer from exposure, sickness, and possible death due to COVID-19. If I do not adhere to these safeguards, I understand that I may be asked to return to a telehealth arrangement. Initialing each statement below indicates my understanding and agreement to these actions:

- If/when I (or my child) have been immunized, I will supply a copy of my immunization card to include in my clinical record. ____
- I will keep an in-person appointment only if feeling well and symptom free. ____
- I agree to cancel my appointment or shift the appointment to telehealth if I do not feel well, or have symptoms such as fever (above 100* F), exhaustion, sore throat, dry cough, alteration in sense of taste or smell, or body aches, If I cancel for this reason, I understand that my clinician will not charge me a cancellation fee. ____
- I will wait in my car or outside until my appointment time. ____
- I agree to put on a mask, answer a brief set of questions, and use the hand sanitizer provided by GHG, PA prior to entering Suite 3004. ____
- I will maintain distance (6 feet) from others at all times when in Suite 3004, maintain no physical contact, and keep my mask on while in the public areas of the suite. ____
- If I bring my child, I will ensure that my child follows these sanitation and distancing protocols. ____
- If a resident of my home develops symptoms of or tests positive for the infection, or if I have been exposed to COVID-19 in some other way, I will let my therapist know before my appointment. We will then continue treatment via telehealth for the duration required by public health officials or GHG, PA. ____

The above precautions may change to reflect local, state or federal guidance.

Commitment to Minimize Exposure

GHG, PA has taken steps to reduce the risk of spreading the coronavirus within the office. These are posted on our website and in the office. Masks are required in all public areas of Suite 3004, regardless of a person's vaccination status, and medical grade air filters have been placed in offices and the waiting area.

In Case of Illness

If I arrive for an appointment and my therapist or the office staff believe that I have a fever or other symptoms, or believe I have been exposed to COVID-19, I will be asked to leave the office and my session can be held via telehealth.

If my therapist or a member of the GHG, PA staff tests positive for COVID-19 and I may have had direct, prolonged exposure, I understand that GHG, PA will notify me so that I can take appropriate precautions.

If I develop symptoms and/or test positive for COVID-19 within 48-hours of my appointment time, I will notify my therapist.

Confidentiality in the Case of Infection

I understand that if I have tested positive for COVID-19, GHG, PA may be required to notify local health authorities that I have been in the office. If this is necessary to report, only the minimum information necessary for their data collection will be released; no details about the reason(s) for the visit(s) will be provided. By signing this form, I agree that GHG, PA may do so without an additional signed release.

My signature below shows my agreement to these terms and conditions. This document is an addendum to Green House Group, PA's existing treatment consent forms, and does not negate my general consent to treatment and acknowledgment of privacy practices and financial policies.

Client Name: _____

DOB: ____/____/____

Client Signature: _____

Date: ____/____/____

Parent/Guardian Signature: _____

Date: ____/____/____

Clinician Signature: _____

Date: ____/____/____