



# RIVER VALLEY BEHAVIORAL HEALTH & WELLNESS CENTER

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

This document contains important information regarding in-person services during the COVID-19 public health crisis. It must be signed prior to an in-person session with your provider and constitutes an agreement to follow all of the safety measures below.

### **Decision to Meet Face-to-Face**

I agree 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, I understand my provider may require subsequent meetings via telehealth. If I have concerns about meeting through telehealth, I will discuss them with my provider in attempt to address these concerns and arrive at a plan for subsequent sessions.

If I decide at any time that I would feel safer staying with or returning to telehealth services or show signs or symptoms of Covid and wish to utilize telehealth services, I will communicate that decision to my provider, who will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is dependent on insurance companies and applicable law.

### **Risks of Opting for In-Person Services**

I understand that by coming to River Valley Behavioral Health & Wellness Center that I am assuming the risk of exposure to coronavirus (or other public health risk). I understand this risk may increase if I travel by public transportation, cab, or ridesharing service.

### **Responsibility to Minimize Your Exposure**

To obtain services in-person, I agree to take certain precautions which will help keep me, my provider, our families, staff, and other clients safer from exposure, sickness, and possible death. If I do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. By signing this agreement, I indicate that I understand and agree to these actions:

- I will only attend my in-person appointment if I am symptom free.
- I will take my temperature before coming to each appointment. If it is elevated (100 degrees Fahrenheit or more), or if I have other symptoms of the coronavirus, I agree to cancel the appointment or request a telehealth appointment. If I cancel for this reason less than 24 hours prior to my scheduled appointment and I am not able to reschedule within the same week, I

understand and agree that late cancel/no-show charges will be applied to my account, as allowed by my insurance company.

- If I arrive at my appointment and begin to feel sick, I will tell my provider and leave the appointment immediately.
- I will wash my hands or use alcohol-based hand sanitizer when I enter the building and prior to entering the room where my session will be held. I understand my provider will also sanitize the room and their hands prior to my session.
- I will adhere to the safe distancing precautions with other clients and staff in the clinic (more than 6 feet apart at all times). There will be no physical contact (e.g., no shaking hands, hugs) with my provider or any other person who may be present during our interaction(s).
- I will wear a mask in all areas of the office, as will my provider, unless otherwise discussed with my provider during my session.
- I understand it is recommended I do not touch my face or eyes with my hands. If I do, I will immediately request to wash or sanitize my hands for my safety.
- If I am bringing my child to session, I understand my child will need to follow all sanitation and distancing protocols. If it is necessary that my provider speak to me about my child before or after the appointment, I will follow all sanitation and social distancing protocols.
- If I am a parent, guardian, or staff member bringing an adult client to session, I understand the client will need to follow all sanitation and distancing protocols. If it is necessary that my provider speak to me about the client before or after the appointment, I will follow all sanitation and social distancing protocols.
- If my job or other activities expose me to people who are infected with COVID-19, I will immediately inform my provider.
- If a resident of my home tests positive for COVID-19, I will immediately let my provider know and we will discuss alternate arrangements, including telehealth.

These precautions are subject to change with additional local, state, or federal orders or guidelines.

### **Commitment to Minimize Exposure**

River Valley has taken steps to reduce the risk of spreading the coronavirus within the office. Cleaning protocols between clients and of the restrooms have been implemented.

**Confidentiality in the Case of Infection**

I understand if I have tested positive for the coronavirus and was recently at River Valley, I will inform my provider by calling or emailing my provider directly or through the front desk team.

**Informed Consent**

This agreement is in addition to and not a replacement of the original Informed Consent document at River Valley.

By signing below, I agree to these terms and conditions.

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date