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**INFORMATION ABOUT THE SAMPLE CONSENT FOR RETURNING TO IN-PERSON PSYCHOLOGICAL SERVICES**

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This sample consent for in-person services is intended to assist practitioners as they begin to re-engage in in-person services with clients during the COVID-19 pandemic. This form is designed to be an adjunct to your standard informed consent document and does not address many topics that are required for a full informed consent process with your clients. It is important for you to ensure that your informed consent document complies with the ethical requirement that you obtain informed consent from your clients before engaging in services (Ethical Principles of Psychologists and Code of Conduct, 2017, Standards 10.02, 4.02). This is not only an ethical requirement but also a good risk management strategy.

This sample form is drafted in general terms and will need to be modified to fit your specific practice. It is always wise to have your own attorney review your consent for in-person services document prior to using it to ensure that it is in compliance with your state laws and regulations.

*Prior to initiating in-person psychological services, it is important that you check with your state and local authorities to determine whether you are permitted to engage in such services in your location. You must also ensure that you are in compliance with any requirements related to COVID-19 in your area, including maintaining appropriate social distancing requirements, providing hand sanitizer and/or soap and water for hand-washing, avoiding physical contact with clients/employees, wearing face coverings, cleaning offices between clients, and the like. These requirements vary widely by location, and may be frequently changing; thus, it is critical that you are aware of and are compliant with any applicable requirements before you engage in in-person practice.*

Portions of the sample form include bolded, bracketed information with instructions for use. Please feel free to adapt the following draft text for your practice or agency.

**Consent for Returning to In-Person Psychological Services**

This Consent for Returning to In-Person Psychological Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully, and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing most services via telecommunications technology **[or indicate what other measures you have engaged in during this situation as applicable; e.g., practice has suspended all therapy/assessment services]**. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s): **[you may choose to create a checklist of options or to leave blanks that can be completed on a patient-by-patient/client-by-client basis]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers: **[identify which protocols are required in your location and which you will be choosing to implement even if not required. We recommend you consult guidance from the Centers for Disease Control and Prevention (CDC) (**<https://www.cdc.gov/coronavirus/2019-ncov/index.html>**) in addition to local guidance in your area as you add or remove items from this template list. Be aware the following list is only a sample and should be revised to also include updates from the CDC and your specific state guidance.]**

* Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
* Patients/clients and providers will be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you.
* Hand sanitizer will be provided at the office entrance and must be used upon entering the office. **[If you have a handwashing option rather than hand sanitizer, you can outline that here as an alternative or additional option]**
* There will be no physical contact with others in the office.
* You will be asked to wait in your vehicle or outside the office until you receive a text, email, or phone call from office staff indicating that you can enter the office.
* You agree not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. **[Consider adding as appropriate – “The usual policies of payment for missed sessions with less than 24/48 hours’ (whatever your policy) advance notice are suspended during the current situation.”]**
* If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

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Patient/Client Date

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Psychologist Date