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

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions.

Decision to Meet Face-to-Face

We 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, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we 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, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also 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 risks). 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, me, and our families, and other patients) 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. Signing this document indicates that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free.
- If you have symptoms of the coronavirus (including but not limited to, a temperature of 100 degrees or higher), you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee if you communicate prior to the start of your session time.
- If the building lobby is closed, please wait in your car or outside the front office doors for me to come and let you into the building.
- Please wash your hands or use alcohol-based hand sanitizer when you enter the building.
- Please adhere to safe distancing precautions and keep a distance of 6 feet in the waiting room and therapy room.
- If masks ARE being mandated, you agree to wear a mask for the duration of the time you are in the building. I will also be wearing a mask. If masks are not being mandated, you may wear a mask & you may request for me to wear a mask.
- If you are or have been potentially exposed to people who maybe or are infected, you will immediately let me know so that we can discuss options for safe meetings.
- If you choose to travel or must travel for work please discuss this with me so that we can take proper precautions.

I 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

I continue to practice social distancing and limit my exposure to others as much as possible. I also disinfect the therapy office in between clients and keep hand sanitizer available for use. The building common areas are regularly disinfected, as well, by building staff.

If You or I Are Sick

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If I believe I have been exposed, I will contact you as soon as possible to discuss how to proceed. If I, or a member of my immediate family, test positive for the coronavirus, I 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, I may be required to notify local health authorities that you have been in the office. If I have to report this, I 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 I may do so without an additional signed release.

Informed Consent

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

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

Client Printed Name _____

Signature: _____ Date: _____

Spouse Printed Name _____

Signature: _____ Date: _____