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

This document contains important information regarding resuming 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. When you sign this document, it will be an official agreement between us.

Prior to offering you an in-person session, I require that you print, sign, and mail this document back to me at the address listed above. Once I receive the signed document, I will contact you to schedule an in-person appointment. Our tentative return date for in-person sessions is June 22, 2020. Please note that this is subject to change.

Keep an eye on your emails for updates and communications. Please make sure that you have my address saved in your contacts and that you’ve marked emails “important” so my emails don’t end up in your spam folder.

**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, you understand that I may require that we meet via telehealth for everyone’s safety and wellbeing.

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 is determined by the insurance companies and applicable law, so your coverage may vary. Copays are not collected for telehealth sessions during the pandemic, but session fees, deductibles, and copays for in-person sessions are expected to be paid as normal.

**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, me, our families, barn staff, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our returning to a telehealth arrangement or discharge from the practice. Initial each item to indicate that you understand and agree to these actions:

* You will only keep your in-person appointment if you are symptom free. If you are experiencing **any symptoms of any illness**, you will engage in a telehealth session instead of in-person. \_\_\_
* You will take your temperature before coming to each appointment. If it is elevated (100F or more), you agree to proceed using telehealth. If you cancel for this reason and engage in telehealth, I will not charge you our normal cancellation fee. \_\_
* You will wait in your car until your appointment time.\_\_\_
* You will use alcohol-based hand sanitizer **immediately before** entering my office. \_\_\_
* You will adhere to the safe distancing precautions that we have set up in the office and barn. \_\_\_
* You will limit the number of people physically present in session to the client(s) only, or to the client and one parent. \_\_\_
* You will keep a distance of 6+ feet from me at all times, and there will be no physical contact (e.g. shaking hands) with me. \_\_\_
* **Masks or face shields are required for everyone, at all times, in my office** and at any other time that we cannot safely maintain 6+’ distance. \_\_\_
* Chairs in my office have been set up to ensure social distancing. Movement of chairs is prohibited. \_\_\_
* While we attempt to minimize contact with horses more than once per day, you may be asked to work with a horse who is not your normal partner. \_\_\_
* You will not touch your face or eyes with your hands. If you do, you will immediately wash and/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 me know. \_\_\_
* If a resident of your home, or anyone with whom you have had contact, tests positive for the infection, you will immediately let me know and we will then resume treatment via telehealth only.\_\_\_

I may update the above precautions if additional local, state or federal orders or guidelines are published, or if there are additional safety precautions that I feel are necessary to maintain everyone’s safety. These guidelines and policies are subject to change without notice.

**My Commitment to Minimize Exposure**

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

**If You or I Are Sick**

You understand that I am committed to keeping you, me, barn staff, 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 require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I, or anyone at the farm, tests positive for the coronavirus, I will notify you so that you can take appropriate precautions.

**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 agreement that we agreed to at the start of our work together.

Your signature below indicates that you agree to these terms and conditions, and acknowledge that these are subject to change without notice at my discretion for the safely and wellbeing of everyone.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Printed Name and DOB Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature Date

**Office Pandemic Safety Precautions**

Adirondack EAP is taking the following precautions to protect our patients and help slow the spread of the coronavirus. The following protocols, procedures, and expectations are subject to change at my discretion without notice.

* Masks or face shields are required in my office. Chairs have been set up to ensure social distancing. Movement of chairs is prohibited.
* Barn staff, clients, and I maintain safe distancing.
* Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
* Hand sanitizer that contains at least 60% alcohol is available in the restroom and in my office.
* We schedule appointments with horses to allow for limited contact with each horse per day.
* We ask all clients to wait in their cars until their session time.
* Areas that are commonly touched are thoroughly sanitized after each use.
* Physical contact is not permitted between humans, and is limited with individual horses to minimize contact with multiple people during the day.
* Common areas, chairs, brushes, and other objects that may be touched are thoroughly disinfected at the end of each day.