

HEALTHWISE BEHAVIORAL HEALTH & WELLNESS  
INFORMED CONSENT FOR IN-PERSON PSYCHOLOGICAL SERVICES DURING COVID-19 PANDEMIC

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Provider Name: \_\_\_\_\_

This consent is a supplement to the general informed consent that was agreed upon and signed at the start of our clinical work together. Please read this document carefully and acknowledge your understanding. Let us know if you have any questions. Your signature indicates your understanding and is an official agreement between us.

The Healthwise goal is to provide a safe environment for clients and staff. The threat of COVID-19 is ongoing throughout the world. You can contract COVID-19 from a variety of sources. It has a long incubation period and many people have the illness without symptoms yet are still highly contagious. Telehealth mitigates the risk of exposure to COVID-19 and the use of telehealth is recommended at this time. However, in some situations, telehealth is not adequate and in-person services are more appropriate. By signing this consent form, you acknowledge the potential risks and have agreed to opt out of available telehealth services to receive in-person treatment in the office setting for some or all future sessions.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s):

- ☐ You do not have access to telehealth services or do not have access to a private location for telehealth services.
- ☐ You need psychological testing or are using a type of therapy that requires in-person services.
- ☐ Your mental health is declining with telehealth services.
- ☐ Other (describe): \_\_\_\_\_

Our decision to engage in in-person services is based on current conditions and guidelines, which may change at any time. Returning to remote services may be necessary in the future, based on consideration of health and safety issues. Such a decision will be made in consultation with you.

Insurance reimbursement for telehealth services has been mandated across the nation during the COVID-19 pandemic and Minnesota has had a statute requiring equal reimbursement for telehealth/in-person services since 2017. If you resume telehealth in the future, check with your insurance company regarding their telehealth coverage policies.

The following recommendations will be followed for in-person visits at Healthwise:

- You will be notified when you may enter the building. At this time, the CDC recommends a face covering if social distancing is not possible. The use of a face covering is determined by client/provider/staff on an individual basis.
- We will maintain social distancing whenever possible (6 feet apart) and there will be no physical contact with others in the office. Social distancing is important to slow the spread of the virus
- Hand sanitizer will be provided or you may use your personal hand sanitizer upon entering the building.
- You will cancel your in-person services if you have symptoms associated with COVID-19 or if you have been exposed to another person who has symptoms of infection or a confirmed case of COVID-19. You will be asked to answer questions about COVID-19 symptoms prior to your appointment. A list of these symptoms is available at [www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html) (CDC – search: symptoms of COVID-19) and [www.health.state.mn.us/diseases/coronavirus/materials/isitcovid.pdf](http://www.health.state.mn.us/diseases/coronavirus/materials/isitcovid.pdf) (MN Department of Health – search: Is It COVID)
- If you bring another person or child with you (to see the provider), the other person(s) agree to follow these recommendations.

We remain committed to following state, federal and professional guidelines to limit the transmission of COVID-19 in the office/building. Despite careful attention to sanitization, hand washing/hand sanitizer, social distancing and other protocols, there is still a chance that you may be exposed to COVID-19 in the office/building. You may suspend in-person services and resume telehealth services at any time you choose. If additional guidelines are recommended, you will be informed of any necessary changes. If your provider has been diagnosed with COVID-19 or has symptoms of COVID-19, you will be notified of this, your in-person appointment will be cancelled and you will be offered telehealth services, if possible.

By signing below, you acknowledge that you understand there is still a potential risk of exposure to COVID-19 in our office/building and that you agree to follow the safety guidelines outlined above. By coming to the office, you are assuming the risk of exposure to the coronavirus (or other health risks).

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date