

## Clarity Therapy NYC

# COVID-19 Policies & Informed Consent

---

This document contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let your therapist know if you have any questions. When you sign this document, it will be an official agreement between yourself and Clarity Therapy NYC.

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

You and your therapist 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, your therapist may require that you meet via telehealth. If you have concerns about meeting through telehealth, you can speak with your therapist about it and try to address any issues. You understand that, if your therapist believes it is necessary, they may determine that you 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, we 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 that you may need to discuss with your therapist directly.

### **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 and/or any 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 safe from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our returning to a telehealth arrangement.

Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. \_\_\_\_
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you won't be charged your normal cancellation fee. \_\_\_\_
- You will arrive at the office no earlier than 5 minutes before your appointment time. \_\_\_\_

- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the waiting room and office. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- You will wear a mask in all public areas of the office. \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. shaking hands) with your therapist. \_\_\_\_
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_
- You will take steps between appointments to minimize your exposure. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let your therapist know. \_\_\_\_
- If a resident of your home is symptomatic, you will immediately let your therapist know and resume treatment via telehealth. \_\_\_\_

Your therapist 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**

Our practice has taken steps to reduce the risk of spreading COVID-19 within the office 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**

If you show up for an appointment and your therapist believes that you have a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. Your therapist will follow up with services by telehealth as appropriate.

If your therapist (or any other therapist in our practice) tests positive for the coronavirus, your therapist will notify you so that you can take appropriate precautions.

### **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 and you release Clarity Therapy NYC from any and all liability for unintentional exposure or harm due to COVID-19.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date