



Social Butterfly Counseling
232 Madison Ave, Wyckoff, NJ 07481
(973) 310-2417

Informed Consent for In-Person Services During COVID-19 Public Health Crisis

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

Decision to Meet Face-to-Face

We have agreed to meet in-person for some or all future sessions. However, if there is a resurgence of COVID-19 or if other health concerns arise, Social Butterfly Counseling may require that all sessions occur 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 necessary, your clinician may determine to 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, your clinician 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, and can be discussed at any point.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 (or any other public health risk). This risk may increase if you travel by public transportation, cab, or use a 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 starting or 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 COVID-19 or another illness, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged a cancellation fee.

You agree to have your temperature taken at the office, if necessary.

You will wait in your car or outside in another area and text your clinician when you have arrived for your session. Your clinician will text you when it is time for you to enter the office for your appointment.

You will not bring others with you to your appointment unless agreed upon with your clinician prior to your session.

You will instruct persons who are driving you to your appointment they may not wait for you in the waiting area.

You will wash your hands or use alcohol-based hand sanitizer when you enter the building and upon exiting the building.

___ You will adhere to the safe distancing precautions set up in the waiting room and therapy rooms. You will not move chairs or sit where we have signs asking you not to sit.

___ You will wear a mask in all areas of the office, especially in common, shared areas of the office.

___ You will keep a physical distance of at least 6 feet, and there will be no physical contact between yourself and staff.

___ 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 to COVID-19.

___ If you have a job that exposes you to other people who are infected, you will immediately let your clinician know.

___ If you have traveled to a high-risk area for COVID-19 (increased transmission rate), you will postpone in-person sessions for 14 days with the option of telehealth.

___ If you commute or have other responsibilities or activities that put you in close contact with others (beyond your family), you will let me [and my staff] know.

___ **If you or a resident in your home tests positive for COVID-19, you will immediately let your clinician know, and will then resume treatment via telehealth.**

The above precautions are subject to change if additional local, state, or federal orders or guidelines are established.

My Commitment to Minimize Exposure

At Social Butterfly Counseling, we are committed to taking steps to reduce the risk of spreading the coronavirus 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.

In Case of Illness or Infection

Social Butterfly Counseling is committed to keeping you, our staff, and all of our families safe from the spread of COVID-19. If you show up for an appointment and your clinician believes that you have a fever, other symptoms, or may have been exposed, you will be required to leave the office immediately, and will proceed with services via telehealth, as appropriate.

If any staff member who has been in the office within the past 14 days tests positive for COVID-19, your clinician will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, Social Butterfly Counseling may be required to notify local health authorities that you have been in the office. If so, only the minimum information necessary for data collection will be shared, and will not disclose the reason(s) for your visits. By signing this form, you agree that we 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 the above terms and conditions.

Client (or Parent/Legal Guardian if under 18)

Date

Clinician

Date