

**INNOVATIVE INTERVENTIONS, LLC**  
**Methodist Medical Plaza East**  
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**INFORMED CONSENT FOR OFFICE-BASED IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

Read this consent thoroughly for understanding and to ensure all of your questions are answered before signing to give consent. This consent is to be used in conjunction with the Therapist-Patient Services Agreement. This document contains important information about the decision to resume/start office-based in-person services with Innovative Interventions, LLC during the COVID-19 public health crisis. Please read this carefully and let the therapist know if you have any questions. By signing this document, it will be an official agreement between patient and therapist of Innovative Interventions, LLC.

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

Patient and 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, then the therapist may require that sessions meet via telemedicine services. If there are concerns about meeting through telemedicine services, then it is encouraged to communicate those concerns with the therapist to come to a resolution. If patient decides at any time to switch to telemedicine services, then therapist will accommodate this request as long as it is feasible and clinically appropriate. Reimbursement for telemedicine services, however, is also determined by the insurance companies and applicable law, so therapist will inform patient if your insurance allows for telemedicine services.

**Risks of Opting for Home-Based In-Person Services**

Patient understands that by engaging in office-based in-person services, both therapist and patient are assuming the risk of exposure to COVID-19 (or other public health risk).

**Responsibility**

Your responsibility in keeping with this agreement is to minimize your exposure as well as minimize therapist exposure to COVID-19. To obtain services in person, you agree to take certain precautions which will help keep everyone (patient, therapist, family members, and/or other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, then it may result in starting/returning to telemedicine services.

- Patient and therapist will only keep in-person appointments if both are symptom free.
- If patient and/or therapist has an elevated temperature (100 Fahrenheit or more), or if other symptoms of the COVID-19 are present, then it is agreed to cancel the appointment or proceed using telemedicine services.
- Patient and therapist will wash your hands or use alcohol-based hand sanitizer before and after each appointment.
- Patient and therapist will adhere to the safe distancing precautions, at least a 6-foot distance between one another including no physical contact (i.e., no shaking hands).
- Adult patients/patient parents and therapist will wear a mask during sessions.
- If patient is a child, then parent/guardian will make sure that their child follows all of these sanitation and social distancing protocols.
- If patient or patient's parent/guardian have a job or other engagement that exposes them to individuals who are infected with COVID-19, then therapist must be immediately notified.
- If a resident of patient's home tests positive for COVID-19, then therapist must immediately be notified and treatment via telemedicine service will begin.
- If a resident of therapist's home tests positive for COVID-19, then patient must immediately be notified and treatment via telemedicine service will begin.

The above-mentioned precautions are in compliance with local, state or federal orders/guidelines/recommendations. If these guidelines change, then therapist will notify patient. This is an agreement to commit to minimize exposure to both patient and therapist during the COVID-19 Public Health Crisis. Innovative Interventions, LLC therapists are taking steps to reduce the risk of spreading COVID-19.

**Confidentiality in the Case of Infection**

If patient tests positive for COVID-19, then it may be required to notify local health authorities that therapist has been in in-person contact with patient. If therapist has to report this, then therapist 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.

**CONSENT**

By signing this Informed Consent, I voluntarily agree and consent to the responsibilities/precautions stated above in order to receive office-based in-person mental health services (for myself or my minor-aged child) offered through Innovative Interventions, LLC. I acknowledge that I have both read and understand all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

_____ Patient Name (PRINTED)	_____ Date of Birth	_____ Parent/Guardian/ Legal Representative (PRINTED)	
_____ Patient Signature	_____ Date	_____ Parent/Guardian/ Legal Representative Signature	_____ Date
_____ Therapist Name and Credentials (PRINTED)	_____ Therapist Signature and Credentials		_____ Date