

Lightship Family Counseling, LLC

24 Battle Street, Suite 2A, Somers, CT 06071

Phone: 860-331-9548 Fax: 860-969-2939

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

This document contains important information about our decision (client and/or clients parent/guardian and Lightship Family Counseling, LLC) to begin or resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if there are any questions. Once you have read this document and if you agree with its contents, please sign it. You may choose to revoke this agreement at any time which means you no longer consent to in-person/face-to-face sessions.

Decision to Meet Face-to-Face

Lightship Family Counseling, LLC, and you (client, and/or parent/guardian) 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, I may require that we switch from in-person and meet via telehealth. If the client or parent/guardian has concerns about meeting through telehealth we can talk about it and try to address any concerns. Client and parents/guardians understand that Lightship Family Counseling, LLC may determine to return to telehealth for everyone's wellbeing if believed it is necessary.

If client and/or parents/guardians decide at any time that you would feel safer staying with, or returning to telehealth services, Lightship Family Counseling, LLC will respect that decision, if it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law. It is the client's or parents/guardian's responsibility to speak with their insurance to know their telehealth for behavioral health benefits.

Risks of Opting for In-Person Services

Client and parent/guardian 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, client and parent/guardian agree to take certain precautions which will help keep everyone (you, me, our families, other clients, and their families) safer from exposure, sickness, and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

Please write your initials in the boxes to indicate that you understand and agree to these actions:

- Clients will only keep their appointment if they are symptom free – we can switch to telehealth for any new or concerning symptoms or if you do not feel well. Symptoms include but are not limited to fever over 100 degrees, cough, loss of smell or taste, shortness of breath or difficulty breathing, headache, fatigue/body aches. _____

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- **UPDATED 2/28/24:** Clients and or parents/guardians of minor clients will take your temperature if you are sick prior to coming to your scheduled appointment. If the client or family member attending session has an elevated temperature (100 Fahrenheit or more), you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged the normal cancellation fee. _____
- If a client, someone in their family or living in their household has been exposed to the coronavirus and is currently under quarantine following the State of Connecticut guidelines, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged the normal cancellation fee. _____
- If a resident of your home tests positive for the infection, you will immediately let Lightship Family Counseling, LLC know, and we will then begin/resume treatment via telehealth. _____
- Client and family/parent/guardian will wash your hands or use alcohol-based hand sanitizer when you enter the Suite. _____
- Client and family/parent/guardian will adhere to the safe distancing precautions we have set up in the waiting room and office. For example, you will not move chairs or sit where we have signs asking you not to sit. _____
- **UPDATED 2/28/2024:** Please wear a mask if you are feeling sick especially during flu season (October through April). I will wear a mask as well, or if I am not feeling well. A mask is no longer mandatory to enter the suite. _____
- **UPDATED 2/28/2024:** If you are bringing a child who may have a cold or recently recovered from an illness such as the flu, COVID or strep throat please make sure that they follow all sanitation and distancing protocols as best they can. Children three and older will be asked to wear a mask to the best of their abilities if needed due to illness concerns. _____
- Please limit the number of people in the office to who will be present in the session. Additional family members may be asked to return to their car while the client is in session to avoid increased risk of exposure to the client, myself, and other clients meeting in the suite. Please reach out if you need to bring younger children due to childcare barriers. _____
- If you have a job that exposes you to other people who are infected, you will immediately let Lightship Family Counseling, LLC know if you had a recent contact with the virus. _____

I 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

Lightship Family Counseling, LLC has taken steps to reduce the risk of spreading the coronavirus within the office. Hand sanitizer will be available for all clients and their families/parents/guardians in the waiting room and office, if a client/family member/parent/guardian forgets a mask one may be available, surfaces are cleaned frequently throughout the day, additional cleaning/sanitizing wipes may be available if requested for use in the waiting area or restroom, and an air purifier will be running consistently within the therapy office. Please let me know if you have questions about these efforts.

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If You or I Are Sick

Client and/or family/parent/guardian understand that I am committed to keeping you, me, and all 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 have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you (client, family, parent/guardian who has been in the office) 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/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.

Client

Date

Parent/Guardian

Date

Provider

Date