



STEPPING STONE
FAMILY SERVICES

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

This document contains important information about the decision to resume in-person services due to the COVID-19 public health crisis. Please read this carefully and let the therapist know if you have any questions. When you sign this document, it will be an official agreement between you and Stepping Stone Family Services.

Decision to Meet Face-to-Face

The decision has been made to meet in person for some or all future sessions at Stepping Stone Family Services location. If there is a resurgence of the pandemic or if other health concerns arise, however, it may be required to meet via telehealth. If you have concerns about meeting through telehealth, please speak with the therapist to address any issues. If your therapist finds it necessary, it may be determined that for the safety of everyone, only telehealth would be offered.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, your decision will be respected, if 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 we may also need to discuss.

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 (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, you agree to take certain precautions which will help keep everyone, including you, Stepping Stone Family Services staff, our families, and other clients, safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in returning to telehealth arrangement. Please initial each to indicate that you understand and agree to these actions:

- I will keep my in-person appointment if I am symptom free. _____
- If I do not attend my in-person appointment, I could be charged a no-show fee. _____
- I will take my temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if I have other symptoms of the coronavirus, I agree to cancel the appointment or proceed using telehealth. If I need to cancel for this reason, I will not be charged a cancellation fee. _____



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- I will wait in my car in the parking lot area until my appointment time. I will call the office to inform them of being in the parking lot. The administrative staff will ask about COVID-19 symptoms, collect payment, and notify the therapist of my arrival. _____
- I understand that my therapist will be waiting in the lobby at the start of my appointment. I will proceed directly to therapist's office after washing/sanitizing my hands (*hand sanitizer available in the lobby*). _____
- I am being asked to wear a mask while in the lobby, hallways, or bathroom (*masks available in lobby*). During session, it is up to you and your therapist whether to continue wearing a mask. _____
- I understand that the office lobby will remain closed until further notice. If I am not participating in scheduled session, I am being asked to wait outside and meet my child at the front door at the end of the appointment time. The therapist will walk my child to the front door. _____
- I will leave the Stepping Stone office building immediately after the appointment or immediately after partially participating in the session. _____
- I will adhere to the safe distancing precautions that have been put in place at Stepping Stone offices. _____
- I will keep a 6 feet distance and not engage in physical contact with anyone at the Stepping Stone office. _____
- I will consider using hand sanitizer if I touch my face or eyes during session due to possibilities of the virus spreading in this manner. _____
- I will take steps between appointments to minimize my exposure to COVID-19. _____
- If I have a job that exposes me to other people who have been diagnosed with COVID-19, I will immediately let Stepping Stone therapist know. _____
- If I am routinely in close contact with others (beyond my family living with me), such as during commuting or engagement in activities that put me in close contact with others, I will let Stepping Stone therapist know. _____
- If a resident of my home tests positive for COVID-19, I will immediately let Stepping Stone therapist know so that a discussion could be made on the safest way to obtain services (telehealth or delay services). _____

Stepping Stone Family Services 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.

Commitment to Minimize Exposure

Stepping Stone Family Services has taken steps to reduce the risk of spreading the coronavirus within the office. Related efforts have been posted on our website and in the office. Please feel free to ask questions about these efforts.



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If You or Any Stepping Stone Staff Are Sick

Stepping Stone Family Services is committed to keeping you, Stepping Stone staff, our families, and other clients safe from the spread of virus. We ask that you check your temperature prior to visiting our office and cancel the session if you have a fever. A follow up on services by telehealth will be made as appropriate. Please review our “Office Safety Precautions” for further understanding of the steps Stepping Stone is taking to ensure everyone’s safety.

If a Stepping Stone office staff test positive for the coronavirus, you will be notified so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, Stepping Stone Family Services may be required to notify local health authorities that you have been in the office. If we must report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visit(s). By signing this form, you are agreeing that Stepping Stone Family Services may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent discussed and agreed upon at the start of services.

Your signature below shows that you agree to these terms and conditions.

Print Client Name

Patient/Client Signature

Date

Therapist Signature

Date