**River Bay Behavioral Health LLC**

**Informed Consent for In-Person Clinical Social Work Services During Covid-19 Pandemic**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to participate in in-person psychotherapy sessions with Randall Minteer, LCSW-C (my therapist) at his place of business.

1. I understand the following with respect to in-person sessions during the Covid-19 pandemic:

a. I understand that Covid-19 is extremely contagious and is spread primarily by person-to-person contact.

b. I understand that my therapist has adopted reasonable preventative measures intended to reduce the spread of Covid-19, but there is still a possibility of transmission as a result of attending in-person therapy.

c. I understand that federal and state laws typically authorize public health departments to collect patient information to prevent or control disease and for related public health needs.

d. I understand that my therapist may be required to report Covid-19 related patient information to public health departments, HHS, or the CDC. For example, if anyone who has been in my therapist’s office tests positive for Covid-19, disclosure may be necessary for contact tracing or other data collection needs. If reporting is required, only the minimum necessary information will be disclosed.

2. I agree to the following safety precautions with respect to in-person sessions during the Covid-19 pandemic:

• Maintain at least 6 feet distance between myself and other people (including the therapist)

in the office at all times

• Wear a face mask while in the office unless my therapist states it is okay to take it off

• Use hand sanitizer (to be provided) upon arrival in office and after touching my face

b. I will notify my therapist as soon as possible before my appointment if I have symptoms of Covid-19 or have been exposed to certain risk factors as directed by my therapist.

I knowingly and willingly consent to have in-person sessions during the Covid-19 pandemic, and I acknowledge the health risk of Covid-19 during this pandemic. I have read the information provided above and discussed it with my therapist, and all of my questions have been answered to my satisfaction.

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Signature of client/parent/legal guardian Date

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Signature of therapist Date