

**INFORMED CONSENT FOR IN-PERSON  
SERVICES DURING THE COVID-19 PANDEMIC  
PRESENT AWAKENINGS THERAPY CENTER, PLLC  
3166 N Lincoln Ave, Suite 214A, Chicago, IL 60657**



This document provides important information about procedures for in-person sessions during the COVID-19 pandemic. If you wish to have in-person sessions, you must read, understand, and agree to the contents of this document. This document is intended as a supplement to the general informed consent and practice policies documents that we agreed to at the outset of our clinical work together and does not amend any of the terms in those or other consent or policy documents. Signing this document does not guarantee you can have in-person sessions.

**DECISION TO HAVE IN-PERSON SESSIONS**

The decision to have in-person sessions will be made collaboratively (between the therapist and client) and uniquely to each individual client. In-person sessions will be allowed when the benefits of having sessions in-person are deemed outweigh the risks. Since this involves numerous factors -- including individual physical health risks, current health symptoms, vaccination status, mode of transportation to/from sessions, activities/work engaged in and risks associated with each, household members health risks and activities, recent exposure, current rate of infection in the general population, etc. -- even if the decision is made to hold sessions in-person, it is expected that sessions will need to be conducted via telehealth from time to time. If at any time, either of us decides that they are no longer comfortable with conducting sessions in-person, therapy sessions will be conducted via telehealth. Please refer to the Telehealth Informed Consent document for more information about telehealth services.

**RISKS FOR IN-PERSON SESSIONS**

By agreeing to have in-person sessions, you acknowledge that you are risking exposure to the COVID-19 virus and all that may entail, both with your interaction in-sessions and with travel to/from sessions. You agree won't hold Present Awakenings Therapy Center or the therapist responsible if you contract COVID-19.

You also acknowledge that if you, anyone you are in contact with, and/or the therapist contract COVID-19, contact tracing methods may require disclosure of your name, contact information, and involvement in therapy to appropriate agencies; if disclosure is required, only the minimally necessary information will be disclosed.

**YOUR RESPONSIBILITIES TO MINIMIZE RISK**

To engage in in-person services, you agree to take certain precautions to help reduce the risk and potential exposure to COVID-19. If you do not adhere to these responsibilities, we will use telehealth to conduct sessions. By signing this document you understand and agree to the following:

- We will only meet in-person if we are both symptom free. Per the CDC, COVID-19 symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, and more. See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> for additional information.
- You will enter the building no earlier than 5 minutes before our scheduled session time and will not have anyone else come into the building with you or wait for you in the building.
- We will both wash our hands or use alcohol-based hand sanitizer when we enter the building/lobby.
- We will adhere to the safe distancing precautions in the waiting room and therapy room. For example, you won't move chairs and will sit where I have indicated you can sit.
- We will both wear masks at all times inside the building.
- We will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands).
- We will take steps between appointments to minimize our risk of contracting COVID-19.
- We will immediately let each other know if ourselves, anyone in our households, or anyone we have been in contact with has tested positive for COVID-19. If either of us has contracted or been exposed to COVID-19, we will have telehealth sessions instead of in-person sessions until the risk has passed per CDC guidelines.
- We will inform each other with at least 48 hours notice prior to our appointment if there are any changes to our exposure risks including change in job duties, social activities, or commute that increases the amount of people we come into contact with.

- We will inform each other with at least 48 hours notice prior to our appointment if we have recently traveled internationally and/or to a known coronavirus hotspot.
- We both understand that these guidelines may change in accordance with CDC, Federal, State, and Local recommendations, laws, and/or guidelines. Any changes will be discussed in sessions.

If you show up for an appointment and I believe you are exhibiting symptoms or have been exposed to COVID-19, I will require you to leave the office immediately. If you are unable to engage in a telehealth session during our scheduled session time and I am unable to accommodate rescheduling our session, the Late Cancellation Fee will apply. (See the Practice Policies for more information on Late Cancellation Fees.)

#### **MY COMMITMENT TO MINIMIZING RISKS**

In addition to the items listed above, I will take steps to reduce the risk of exposure to COVID-19 in my office by following CDC guidelines such as disinfecting surfaces. Please let me know if you have any questions or concerns about my efforts.

**By signing this form below, you certify that you have read or had this form read to you, understand its contents, have been given the opportunity to ask questions, and that any questions have been answered to your satisfaction. You also agree to your responsibilities as outlined.**

BY CLICKING ON THE CHECKBOX BELOW YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

*[DOCUMENT IS SIGNED ELECTRONICALLY VIA CLIENT PORTAL]*