



Test 7, Test:

Adult and Child Counseling · Private - Cash Pay

Report Information

Report Type: Consent for In Person Counseling 
Status: Draft
Performed By: Dalcour, Jennie 
Report Date: 12/17/2021

Christian Family Care - Consent for In Person Counseling

(Each adult client must sign their own consent form)

2346 North Central Avenue, Phoenix, AZ 85004, 602.234.1935, Fax: 602.234.0022
 3275 W. Ina Road. Suite 155, Tucson, AZ 85741, 570.296.8255
 3611 Crossings Drive, Suite A, Prescott, AZ 86305, 928.443.1150

Name of adult or child to receive counseling or coaching services:

Test Test 7

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

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 me know if you have any questions. When you sign this document, it will be an agreement between you and Christian Family Care (CFC).

Decision to Meet Face-to-Face

We 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, you may be required or provided the option to meet via Telehealth. If you have concerns about meeting through Telehealth, we will talk about it first and try to address any issues. You understand that, if necessary, 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, as long as 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, CFC 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 a Telehealth arrangement (if possible) or termination of service. Please initial each to indicate that you understand and agree to these actions:

- I will only keep my in-person appointment if I am symptom free.
- I will wait in my car or outside [in a designated safer waiting area] until no earlier than 5 minutes before our appointment time.
- I will wash my hands or use alcohol-based hand sanitizer when I enter CFC.
- I will adhere to the safe distancing precautions set up in the waiting room and testing/therapy room. For example, I will not move chairs or sit where there are signs asking anyone not to sit.
- I will wear a mask in all designated client areas of the office.
- I will only use the client bathroom located in the lobby.
- I will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with anyone.
- I will try not to touch my face or eyes with my hands. If I do, I will immediately wash or sanitize my hands.
- If I am bringing someone with me, I will obtain permission from CFC staff prior to the appointment and make sure all of these physical distancing and safety protocols are also followed by the individual.
- If I have been potentially exposed or participated in a social situation that is at high risk for exposure, I will let my CFC therapist know before traveling to the office for an in-person session.
- If a resident of my home tests positive for the infection, I will immediately let the CFC staff know so that a discussion could be made on the safest way to obtain treatment/service (via Telehealth or to delay treatment/service).

The above precautions may change if additional local, state or federal orders or guidelines are published. If that happens, any necessary changes will be discussed with you.

Commitment to Minimize Exposure

CFC has taken steps to reduce the risk of spreading the coronavirus within the office. Related efforts have been posted in the office. Please feel free to ask questions about these efforts.

If You or Any CFC Staff Are Sick

CFC is committed to keeping you, CFC staff, our families, and other clients safe from the spread of this virus. If you show up for an appointment and the CFC staff believe that you have a fever or other symptoms, or believe you have been exposed, we will have to ask you to leave the office immediately. A follow up on services by Telehealth can be made as appropriate.

If your CFC therapist tests positive for the coronavirus and/or they were likely exposed to someone that tested 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, CFC may be required to notify local health authorities that you have been in the office. If we have to 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 CFC may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent agreement discussed and agreed earlier.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of in person counseling services.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Name of adult or parent/guardian

Date of signature below

Signature

Single Line Text

Date

Signature

Client Signature



Clear Signature