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Consent for Starting or Returning to In-Person/Office Services During Pandemic

This Consent for Starting or Returning to In-Person/Office Counseling Services is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing most services via telecommunications technology and use of PPE during in-person appointments. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

We have determined that in-person services are appropriate at this time for your situation for the following reason(s): Governor Holcomb's non-essential travel restrictions have been lifted as of May 11, 2020.

The decision about whether to engage in in-person/office services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and teletherapy may no longer be reimbursed by your insurance company.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers: Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.

If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we 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 I believe it is necessary, I may determine that we return to telehealth for everyone's well-being.

If you decide at anytime that you would feel safer staying with or returning to telehealth services, I will respect that decision, 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 need to discuss.

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 via public transportation, cab, or ridesharing service.

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To participate in services in the office, you agree to take certain precautions which will help keep everyone (you, me, our families, other staff in the facility, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result to our starting/continuing to a telehealth service delivery. Initial each to indicate that you understand and agree to each of these actions:

- _____ You will keep your in-person/office appointment only if you are symptom free.
- _____ If you have symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you cancel for this reason, I will not charge you the normal cancelation fee.
- _____ You will text me when you arrive. I will text you back when I am ready for you to come in.
- _____ You will wash your hands or use alcohol-based sanitizer when you enter the building.
- _____ I will meet you in the hall outside the exit door near my office.
- _____ You will wear a mask while in the office, as will I.
- _____ If you are exposed to COVID-19 you will let me know.
- _____ If I learn that any staff in the office have tested positive for COVID-19, I will notify you so you can take appropriate precautions.

I may change the above precautions if additional local, state or federal orders/guidelines are published.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person/office services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person/office services.

Patient/Client

Date

Therapist

Date