



THE SIBLEY GROUP

Positive psychotherapy for families, couples & adults

COVID-19 Informed Consent for Psychotherapy Services

This document contains important information about our decision (yours and the therapists at TSG) to engage in in-person services in light of the COVID-19 public health crisis. Please read this carefully and let your therapist know if you have questions. When you sign this document, it will be an official agreement between you, the therapist at TSG and The Sibley Group.

The Sibley Group has engaged in virtual counseling since the onset of the pandemic. At this time, we have instituted all recommended COVID-19 protocols in our office and are returning to in-office psychotherapy sessions, which will be implemented in a stepwise manner. While we will come as close as possible to the standard procedures for counseling services, there will be some unavoidable changes for the safety of you, your child, and our staff. During the evaluation, there will be distances of 6 feet between the therapist and the client, the use of face masks when in shared air space, and presentation of some play therapy materials (i.e. toys, screenings, games etc) via laptop or to be provided by the family for use during the session. While we will be administering the treatments as closely as possible in accordance with standard counseling procedures, the COVID-19 necessary environmental changes inject unknown influences on the reliability and validity of the service. We have carefully and thoughtfully worked to limit any impact the precautions might have. However, given these necessary precautions we want to make you aware that some validity issues may be present, including the influence of a physical distance, the presentation of material in a non-standard manner (via computer rather than booklet), and alternate administration of therapy play/art materials.

Decision to Meet Face-to-Face: We have agreed to meet in person for the psychotherapy services provided. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we suspend services or complete psychotherapy via telehealth if possible. If you decide at any time that you do not feel safe continuing in-person counseling, we will respect that decision and work with you to develop an alternate plan, which may include telehealth assessment and psychotherapy. 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.

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.

Your Responsibility to Minimize Your Exposure: To obtain services in person, you agree to take certain precautions, which will help keep everyone (you, your TSG Therapist, and our families, office staff and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in suspension of services. ***Initial each to indicate that you understand and agree to these actions:***

- You will only keep your in-person appointment if you/your child are symptom free. A symptoms (i.e headache, fever, stomach ache and/or nausea, respiratory problems, cough, etc). ____
- You agree for the therapist to take you/your child's temperature before each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment. There will not be a fee associated with the cancellation. ____
- You will wait in your car or outside until you are contacted by phone to enter the office. ____
- You/your child will wash your hands or use alcohol-based hand sanitizer when you enter the office (provided by our office). ____
- You will wear a mask in all areas of the office except when sitting alone in the testing room (Our TSG Therapists will wear a mask at all times unless in a separate room with a closed door). ____
- You/your child will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands). ____
- You/your child will try not to touch your face or eyes with your hands. If you do, you/your child will immediately wash or sanitize your hands (children will be prompted by The TSG Therapist). ____
- If you are bringing your child for a counseling appointment, you will talk to your child about these sanitation and distancing protocols. ____
- You will take steps between appointments to minimize your family's exposure to COVID. ____
- If anyone in your home has a job that exposes them to other people who are infected, you will immediately let your TSG Therapist know. ____
- If anyone in your home commutes or has other responsibilities or activities put them in close contact with others (beyond your family), you will let your TSG Therapist know. ____
- If a resident of your home tests positive for the infection, you will immediately let your TSG therapist know and we will then begin/resume treatment via telehealth. ____

TSG 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.

My Commitment to Minimize Exposure: Our practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let your TSG Therapist know if you have questions.

If You or Your Therapist Are Sick: You understand that we are committed to keeping you, your TSG Therapist, other staff members and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have a fever or other symptoms, or believe you have been exposed, your TSG Therapist will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If your TSG Therapist, or other staff members in our office, test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection: If you/your child tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If TSG has 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 our visits. By signing this form, you are agreeing that TSG may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent that we agreed to at the time your appointment was scheduled. Your signature below shows that you agree to these terms and conditions and have read the attached COVID-19 Risk Reduction Plan.

Client/Parent 1 Signature

Date

Parent 2 Signature

Date

Employee Signature

Date