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Informed Consent for in-person counseling services during COVID-19 public health crisis.

Decision to meet in-person

This document contains important information about our decision (yours and mine) to resume (or begin) in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions.

You are consenting to meet for in-person sessions without wearing masks during the COVID-19 pandemic. By agreeing and coming into the office, you assume the risk for exposure to COVID-19 or other public health risks. You are under no obligation to attend in-person therapy sessions and **may choose to return to telemental health (TMH) sessions at any time.** When you sign this document, it will be an official agreement between us.

Your responsibility to minimize your exposure

To obtain services in-person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other clients) safer from exposure and sickness. I have the right to terminate any in-person sessions if it becomes unsafe during the COVID-19 pandemic. **Please read and initial** each of the following precautions to indicate that you understand and agree to these actions:

___ You agree to only keep your appointment if you are symptom free.

___ If your temperature is elevated (100 Fahrenheit or more), or if you have any other symptoms of the coronavirus, you agree to cancel the in-person appointment and/or proceed using TMH. If you wish to cancel for this reason, I will not charge you our normal cancellation fee.

___ You agree to wait in your car or outside until I either call or text you that it is time to come into the office for our appointment. I will meet you at the door and escort you into the office.

___ You agree to wash your hands or use an alcohol-based hand sanitizer when you enter and leave the building.

___ You agree to adhere to safe distancing (6 feet or more) and to avoid all physical contact (e.g. no shaking hands) while you are in the office.

___ You agree to take precautionary steps to minimize your exposure to COVID-19 before and between our appointments.

___ You agree to notify me if you or a member of your household was reasonably exposed to COVID-19.

___ You agree to notify me if you or a member of your household works in an environment that is frequently exposed to COVID-19.

___ You agree to notify me if you or any member of your household has tested positive for COVID-19.

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I reserve the right to amend or add to any of the foregoing precautions according to published federal, state, or local health guidelines. I will notify you of any changes to this agreement.

My commitment to minimize exposure

I have taken steps to reduce the risk of spreading the coronavirus within the office. These include:

- Hand sanitizer is available in the therapy office.
- Maintaining safe distancing.
- Scheduling appointment at specific intervals to minimize the number of people in the office at any given time.
- Credit cards, pens, and other areas that may be commonly touched are sanitized after each use. When possible I will make contactless payment an option if you prefer.
- Common areas are sanitized at the end of each day.

Contact tracing and your confidentiality

Oregon is engaging in contact tracing which requires that if you or I have tested positive for the coronavirus, I am required to report that information. I can provide a copy of the Oregon Health Authority information relating to the guidelines of contact tracing at your request. Should this situation arise, I will provide the minimum amount of information necessary which will not include any confidential/personal details about our visits.

Your signature below indicates that you agree to these terms and conditions.

Client

Date

Client

Date

Cynthia Aerni, M.S., LPC

Date