

## Mindworks, Inc.

616 N. North Ct, Suite 150  
Palatine, IL 60067

### INFORMED CONSENT FOR IN PERSON SERVICES

This document contains important information about our decision (yours and mine) to resume 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. When you sign this document, it will be an official agreement between us.

#### 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, 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 any time 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 laws, so that is an issue we may also need to discuss. If telehealth services are not covered by your insurance, you will be responsible for payment of services.

#### Risks of Opting for In-Person Service

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 ride sharing services.

#### 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, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement. Initial each to indicate you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free \_\_\_\_\_
- I will take your temperature (contact free) upon arrival to each appointment. If it is elevated (100 fahrenheit or more) you will need to leave the office. You will not be charged a cancellation fee. \_\_\_\_\_
- If you have other symptoms of coronavirus (dry cough, tired, aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, a rash on skin, or discoloration of fingers or toes, difficulty breathing or shortness of breath, chest pain or pressure), you agree to cancel your appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged our normal cancellation fee. \_\_\_\_\_
- You will wait in your car or outside (or in a designated safer waiting area) until you are called or texted by your therapist. \_\_\_\_\_
- You will wash your hands or use alcohol based hand sanitizer when you enter the office. \_\_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the waiting room, bathroom and therapy room. \_\_\_\_\_
- You will wear a face mask or face shield in all areas of the office including hallway, waiting room, and bathroom (I will too). \_\_\_\_\_
- I will provide you with your own face shield at your first in-person visit if you do not have one. Please keep this face shield for subsequent appointments. This will allow us to see each other's entire face and better communicate than wearing a face mask. \_\_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (i.e. no shaking hands) with me or others.  
\_\_\_\_\_

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- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me and know. \_\_\_\_\_
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. \_\_\_\_\_
- If you or a resident of your home test positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth. \_\_\_\_\_

I 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**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts in the office. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, any staff and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I or any Mindworks, Inc. staff test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office, If I have to report this, I 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 I may do so without additional signed release.

**Informed Consent**

This agreement supplements the general information consent/business agreement that we agreed to at the start of our work together.

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

Client: \_\_\_\_\_

ParentGuardian of Client if Minor: \_\_\_\_\_

Date: \_\_\_\_\_

Mindworks, Inc. Staff: \_\_\_\_\_

Date: \_\_\_\_\_

