

## **EXPRESSIVE THERAPY CENTER**

10810 Darnestown Rd. Suite 103 North Potomac, MD 20878  
301-869-1017 ext.1 | [www.expressivetherapycenter.com](http://www.expressivetherapycenter.com)

### **Informed Consent for In-person Services During COVID-19 Public Health Crisis**

This document contains important information about our decision (you and your clinician) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and contact an administrative staff member at 301-869-1017 ext. 1 if you have any questions. When you sign this document, it will be an official agreement between all parties.

### **Decision to Meet Face-to-Face**

You and your clinician 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, sessions will be held via telehealth. If you decide at any time that you would feel safer beginning or returning to telehealth services, your clinician will respect that decision.

### **Your Responsibility to Minimize Your Exposure**

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.

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, other patients and Expressive Therapy Center staff) safer from exposure and sickness. If you do not adhere to these safeguards, it may result in sessions starting/returning to a telehealth arrangement.

- All patients and clinicians are required to wear masks when inside the building.
- You will only keep your in-person appointment if you are symptom free.
- You may be asked to have your temperature checked at the appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth.
- If a resident of your home or workplace tests positive for the infection, you will immediately let the center know and sessions will be switched to telehealth.
- You will wait in your car or outside until your appointment time to maintain social distancing protocol. Your clinician will contact you to enter the building to begin your session.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions (6 ft) we have set in the testing/therapy room.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.

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.



**Expressive Therapy Center's Commitment to Minimize Exposure**

Expressive Therapy Center 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 contact our administrative team at 301-869-1017 ext. 1 or [info@expressivetherapycenter.com](mailto:info@expressivetherapycenter.com) if you have questions about these efforts.

**If You or I Are Sick**

You understand that Expressive Therapy Center is committed to keeping you, our staff, and all of our families safe from the spread of this virus. If you show up for an appointment and your clinician or our staff believe that you have a fever or other symptoms, or believe you have been exposed, you will be required you to leave the office immediately. Your clinician can follow up with services by telehealth as appropriate.

If your clinician or an Expressive Therapy Center staff member test positive for the coronavirus, you will be notified immediately you so that you can take appropriate precautions.

**Informed Consent**

This agreement supplements the general informed 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 Signature/Parent (if under18)

\_\_\_\_\_  
Date

