



Licensed Clinical Professional Counselor
(773) 905-9805 | JeffreyCiolino@gmail.com | JeffreyCiolinoLCPC.com

Informed Consent for Covid-19 Risk Mitigation

My goal is to provide excellent psychological care and treatment; which requires a reasonably safe and comfortable environment. Therefore I want to share how I am addressing the risks associated with the potential transmission of Covid-19. The following contains important information about resuming in-person services in light of the COVID-19 pandemic. Please read this carefully and discuss any concerns you may have with me.

Decision to Meet Face-to-Face

Since the beginning of the Shelter-In-Place Executive Order, mental health services have been considered essential services. However, for the safety of ourselves, our clients, and the community most mental health professionals chose to suspend face to face services and to move all treatment to video/telehealth sessions. With recent changes in Covid-19 experiences, I am providing an *option* to resume face to face sessions in my office. Due to the evolving nature of information about the coronavirus and Covid-19, I will continually discuss the delivery of your care with you.

In most cases, I will continue to recommend video/telehealth sessions, however, together we can decide to engage in either video/telehealth or in-person sessions. In all cases, I encourage you to frequently contact your insurance company to confirm your telehealth benefits. You do have the option to do video/telehealth sessions if you are concerned about your risk during this pandemic but you are responsible for any charges your insurance will not cover. Know that I will continue to abide by the Illinois Governor's phased re-opening guidelines, other state and federal guidelines, and professional guidance (including any additional Shelter-In-Place Orders).

Risks of Opting for In-Person Services

By coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risks). This risk may increase if you travel by public transportation, taxi/cab, or ride share services. Even though I am making every effort to minimize risks of exposure to myself and my clients I cannot eliminate all risk.

Your Responsibility to Minimize Your Exposure

In order to resume in-office treatment, I request that you agree to take certain precautions to mitigate the risk of exposure, infection, and possible transmission of the coronavirus that causes Covid-19. This includes engaging in good hygiene practices: frequent hand washing, avoiding touching your face, using hand sanitizers, and sneezing and coughing into tissues or the elbow of your arm. More specifically, I ask the following of you:

- If you or another member of your household is feeling ill or has a fever in the seven (7) days leading up to your scheduled appointment, please call and request a video or phone session — only come to the office if you *and your household members* are symptom-free.
- If a resident of your home is exposed to Covid-19 or tests positive/is diagnosed with Covid 19, immediately inform me and we will conduct our session via video/telehealth to reduce infection and transmission risk.
- In order to reduce waiting area risks, when coming to your appointment I ask that you wait until 5 minutes before your scheduled appointment to buzz me to enter the building unless I have texted or communicated with you differently.
- I ask that you wash your hands or use alcohol-based hand sanitizer (provided at my office) before/as you enter my office.

Client Initials_____

- I ask that you practice continued social/physical distancing in my office and in the building’s public spaces.
- I ask that you wear a mask as you enter and leave my office building, and possibly during your session, as well. I ask that you wear your mask until we are both seated and can assess safety. If we *both* agree to not wear a mask during your meeting, then feel free to remove it. I will continue to assess this risk with you, and if you or I feel more comfortable wearing a mask during the session, we will both wear our masks in the session.
- In accordance to risk mitigation efforts, I ask that only the client/clients receiving service come into the building. I ask that you do not bring children or others with you at this time. We can meet via video/telehealth if you cannot come alone.
- If you have a job or any situation that exposes you to other people who are potentially ill with Covid-19, including commuting by public transportation, please inform me so we can determine if video/telehealth, wearing masks, or other precautions will be utilized to reduce infection/transmission risk while continuing treatment.

I may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, we will communicate 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. Please let me know if you have questions about my precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the Covid-19, I may be required to notify local health authorities or others 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/contact tracing 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 an additional signed release.

Signature: _____ Date: _____

Witness/Guardian*/Parent*: _____ Date: _____

(*Both signatures required if Client is between 12 and 17 years old; Guardian or Parent only if client is under age 12.)

Client Initials_____