

# Mosaic Counselling

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## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

It is my preference at this time to see clients through virtual means (Zoom or phone) as per directives by WorkSafe BC and my professional body. That said, there may be circumstances when a return to face to face therapy is deemed appropriate. This document contains important information about our decision (yours and mine) to resume in-person services in should this be true in your case. 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, however, I may require that we meet virtually (either zoom or over the telephone). If you have concerns about meeting virtually, 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, virtual 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 law, so that is an issue we may also 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).

### My Responsibility to Minimize Exposure

To provide services in person, I agree to take certain precautions to help keep everyone (you, me, and our families, and other clients) safer from exposure.

- I will only keep in-person appointments if I am symptom free.
- I will wash my hands prior to sessions and provide hand sanitizer for you to use upon arrival at my office.
- I will adhere to the safe distancing precautions I have set up in my counselling room.
- I will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands).
- I will take steps between appointments to minimize my exposure to COVID.
- If I have reasons to believe that I have been exposed to people who are infected, I will inform you as soon as I am able.
- After each session, I will sanitize the office space.

### Your Responsibility to Minimize Exposure

To obtain services in person, you agree to take certain precautions to help keep everyone (you, me, and our families, and other clients) safer from exposure. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. \_\_\_\_
- You will take your temperature before coming to each appointment. If it is elevated (37.5 C or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. \_\_\_\_
- You will arrive in the waiting room just on time for your appointment or text me for access if you arrive outside mall hours. \_\_\_\_
- You will sanitize your hands when you enter my practice. \_\_\_\_
- You will adhere to the safe distancing precautions I have set up in my counselling room and there will be no physical contact (e.g. shaking hands). \_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have reasons to believe that you have been exposed to people who are infected, you will inform me as soon as you are able. \_\_\_\_

I may change the above precautions if additional local, provincial, or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

### If You or I Are Sick

You understand that I am committed to keeping you, me, 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 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 an additional signed release.

### 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsellor

\_\_\_\_\_  
Date