



## CONSENT TO IN-PERSON SERVICES with Alliance Child & Family Solutions (“ACFS”)

**THIS FORM IS STANDARD FOR ALL CLIENTS TO BE AWARE OF OUR POLICIES, EVEN IF NOT PERTAINING TO YOUR UNIQUE SITUATION. PLEASE STILL READ IN FULL & SIGN.**

1. **Provision of In-Person Services:** This document contains important information for Service Providers, Client(s), and their Legal Guardian(s) who choose to resume in-person services in light of the COVID-19 public health crisis (or other public health risk). This document covers the risks and benefits associated with receiving in-person services, which are defined as services in home, provider office, school-based site, or another physical location as agreed upon by both parties and as is determined to be in the best interest of the Client receiving Services.
2. **Qualification for In-Person Services:** In-Person services will be dependent on a number of factors, including Agency availability (*dependent on federal, state, local, professional licensing regulations, and liability insurance guidelines; an office location near Client; scheduling able to accommodate Client to be safely seen in-person; sufficient sanitization supplies; etc.*), Service Provider availability (*not all Service Providers may elect to offer in-person services*); Client needs and Client availability.
3. **Stance on COVID-19:** Our goal is to provide a safe environment for our Service Providers, Clients, and our Texas community. ACFS believes that preventive measures and strong communication are key reducing risk to get ahead of widespread illnesses. As such, ACFS is making in-person determinations based on the following:
  - a. The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. **Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with in-person counseling.**
  - b. The COVID-19 virus has a long incubation period. The Service Provider or Client may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.
  - c. Due to the frequency and timing of visits by other clients, the characteristics of the virus, and the characteristics of in-person therapy, there is an elevated risk of you contracting the virus simply by being in-person for any length of time.
  - d. In general, the disease can be spread via droplets or "water spray" which can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.
4. **Commitment to Minimize Exposure:** ACFS has taken steps to reduce the risk of spreading the coronavirus within the office. Our efforts include:
  - a. Practicing the same preventive measures that we are asking of our Clients, such as to:
    - Avoid close contact with individuals showing signs of illness.
    - Avoid touching your eyes, nose, and mouth without first washing your hands. Practice proper hand hygiene and cough etiquette.
    - Wash hands often with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer.
    - Stay home if sick.
    - Alert a healthcare provider immediately if believed to have been infected with COVID-19, including if exposed to someone with the virus and have signs/symptoms of infection, or about any recent travel to areas where COVID-19 is spreading.
    - Alerting the Direct Supervisor if believed to have been exposed on the job.
  - b. Appointments will be scheduled at specific intervals to minimize the number of people in the waiting room and provide sufficient time for Therapists to wipe down surface areas and frequently touched items in the office.
  - c. Seating in the waiting room and offices has been arranged for appropriate physical distancing. Therapists will maintain safe distancing to the extent possible during clinical treatment. Physical contact is not permitted.
  - d. We ask all Clients to wait in their cars or outside until no earlier than 5 minutes before their appointment times. Commonly touched items and areas are sanitized after each use. Common areas are thoroughly disinfected at the end of each day.
  - e. Therapists and Staff are required to wear masks.
  - f. Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
  - g. Hand sanitizer that contains at least 60% alcohol is available in all in-person locations.



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5. **Risks of Opting for In-Person Services:** By coming to the office, Client is assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if Client travels by public transportation, cab, or ridesharing service.
6. **Individuals Participating in Face-to-Face Services:** If both Service Provider and Client agree to in-person services for some or all future services, it is with the understanding that the Agency or Service Provider may require a return to telehealth services if necessary for everyone’s health, safety, and well-being.  
  
Client may determine at any time to stay with or return to telehealth services as long as it is feasible and clinically appropriate. Reimbursement for telehealth services may vary based on payor source and should be discussed with the Billing Department.
7. **If Service Provider, Client, or Accompanying Legal Guardian is Sick:** If Client or accompanying Legal Guardian arrives for an appointment with a fever, recent exposure, or other symptoms, the Service Provider will require the entire party (Client and accompanying Legal Guardian) to leave the office immediately. If an ACFS Staff Member tests positive for the coronavirus, you will be notified so you may be able to take appropriate precautions.
8. **Client Confidentiality in Case of Infection:** If you have tested positive for the coronavirus, the Agency or Service Provider may be required to notify local health authorities that you have been in the office. If this information must be reported, only the minimum amount of information necessary for data collection and contract tracing will be provided. No information will be provided about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

**Your Responsibility for ALL In-Person Services in order to Minimize Exposure:**

**By my signature below, I am indicating that I have read and understand all of the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I understand that I have the right to ask questions of the Therapist or Staff about the above information at any time.**

**I also acknowledge by my signature below that:**

1. If my commute, other responsibilities, or activities put me in close contact with others (beyond my immediate family) or with individuals who are infected, I will let my Service Provider know prior to beginning any in-person services. **If the Client or a Household Resident tests positive for the infection, I will immediately let my Provider and an ACFS Staff know and we will then begin / resume treatment via telehealth.**
2. I will only keep an in-person appointment if I am symptom free. I will complete a temperature check before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, I agree to proceed using telehealth rather than coming into the office. Otherwise, I will contact my provider as far in advance as possible to move the visit to Telehealth.
3. I will wait in my car / outside until no earlier than 5 minutes before our appointment time. No additional family members apart from the Client and Legal Guardian(s) may/must be present for services with a minor child.
4. **I will wear a mask / facial covering for the entirety of in-person services and in all areas of the physical location, and understand that all ACFS staff will do the same. I will complete a questionnaire about the health and household exposure upon beginning any in-person visit. I also agree for myself (Client) and accompanying Legal Guardian(s) to participate in a temperature check upon arrival for services. I will wash my hands or use alcohol-based hand sanitizer when I enter the location.**
5. I will adhere to the safe distancing precautions we have set up in the waiting room and therapy area. For example, I will not move chairs or sit where there are signs asking not to sit. I will keep a distance of 6 feet and understand that there will be no physical contact with ACFS Service Providers.

**My Consent to Treatment and Services is signed, submitted, and effective as of today's date, \_\_\_\_\_**

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Name of Legal Guardian (if applicable)

\_\_\_\_\_  
Signature (Client/Legal Guardian)

\*NOTE: The signatures on this form are considered valid and true regardless of whether hand signed or signed electronically through IntakeQ, AdobeSign, DocuSign, DrChrono, OnPatient, or another approved electronic venue, and that I am consenting to all of the above statements with my electronic signature, even if the signature does not appear on the exact lines above.