



INFORMED CONSENT FOR IN-PERSON THERAPY SERVICES DURING COVID-19

The intent of this document is to allow you to make informed decisions about electively participating in in-person services during Covid-19 and make you aware of our Covid-19 safety procedures. By signing this form, you are consenting to in-person services, or consenting on behalf of a youth in your care to participate in in-person services, at Out Youth's offices, located at 909 E. 49th ½ St., Austin, TX 78751 OR 3007 N. Lamar Blvd., Austin, TX 78705 (your therapist will inform you where the sessions will be held).

I understand the following with respect to in-person sessions during Covid-19:

- I understand that Covid-19 is extremely contagious and is spread primarily by person-to-person contact.
- I understand that my therapist has adopted reasonable preventative measures intended to reduce the spread of Covid-19, but there is still a possibility of transmission as a result of attending in-person therapy.
- I understand that federal and state laws typically authorize public health departments to collect patient information to prevent or control disease and for related public health needs, and my therapist may be required to report Covid-19 related patient information to public health departments, HHS, or the CDC. If reporting is required, only the minimum necessary information will be disclosed.

I understand the following with respect to discontinuing in-person sessions during Covid-19:

- I understand I will no longer be able to receive therapy in person and will need to either switch to teletherapy via Zoom or terminate counseling services, if the City of Austin's Community Level of risk is HIGH.
<https://www.austintexas.gov/page/covid-19-risk-based-guidelines>

I agree to the following with respect to in-person sessions during Covid-19:

- I will comply with safety precautions to limit the spread of Covid-19, as directed by my therapist, including but not limited to:
- Face covering: Everyone will be required to wear a face covering. If you need one, one can be provided upon request.
- For parents/guardians of youth under 18 (sessions at 909 Office ONLY): If no other staff members are in the building, you will need to wait outside on our porch or in the lobby wearing a mask. Apologies in advance for any inclement weather.
- For clients 18 and older: Please note that no other individuals will be permitted to wait for you in the building. You may be dropped off and picked up at your scheduled appointment start/end time or your ride can wait for you in their vehicle.

- For the session or meet-up: We will need to maintain a social distance of at least 6 feet for the duration of the encounter. As we proceed to the session our seating will be set up with at least 6 feet of distance or more.

The above protocols will remain in place regardless of the vaccination status of the involved parties. Disclosure of vaccination status is strictly voluntary.

- I will notify my therapist as soon as possible before my appointment if I have symptoms of Covid-19 or have been exposed to certain risk factors.
- If my answer to any of the below questions is “YES,” I will cancel my appointment unless my therapist directs me to come in.
 - Do you have a temperature of over 100.4 degrees Fahrenheit?
 - In the past 24 hours, have you had any of the following symptoms NOT related to an underlying medical condition?
 - Fever
 - Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue/been unusually tired
 - Muscle or body aches
 - Headaches
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - In the last 24 hours, has anyone in your household tested positive for COVID-19 or had any of the symptoms listed above?
 - In the last 24 hours, have you been in close contact or around anyone else that has tested positive for COVID-19 or has had any COVID-19 related symptoms?

I knowingly and willingly consent to have in-person sessions, and I acknowledge the health risk of Covid-19. I have read the information provided above and discussed it with my therapist, and all of my questions have been answered to my satisfaction.

Signature of client/parent/legal guardian:

Date: