

# Consent for Returning to In-Person Psychotherapy & COVID-19 Safety Procedures

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11/22

The risk of COVID-19 infection remains high. I recommend that we continue to meet remotely via telephone or zoom. Although remote video and phone sessions are not ideal, we have been and can continue to use this medium to engage in our therapeutic work together.

However, if you are finding that meeting remotely is interfering with your ability to engage in therapy. I am now able to schedule some in-person sessions.

If you want to meet in-person, please review the follow safety procedures. Let me know if you have any questions or concerns. Sign and return this consent form to me. We can then schedule a time to meet.

Each of us must do our part to protect our own and each other's health. The procedures outlined in this document describe the policies and procedures for minimizing the risk of infection: what I am doing and what I ask that you do. I realize that these policies and procedures are inconvenient for all of us, but I am following the best guidance from health officials and government agencies regarding the best approaches to minimizing risk of infection.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

It is also important to consider that, although insurance reimbursement for teletherapy services has been mandated during the COVID-19 pandemic, insurance policies may change at any time. Check with your insurance company to get accurate information about reimbursement for teletherapy.

Each of us must also make our own assessment as to the level of risk that is appropriate and comfortable for ourselves. There is no way to guarantee that we will avoid becoming infected. The purpose of this document is to provide you with the information you need to assess whether it is appropriate and safe for you to resume meeting for sessions in-person in my office.

**Scheduling** – I will continue to meet remotely unless we specifically schedule in-person meetings. Note that times for in-person appointments will be limited with the understanding that they may have to take place remotely, depending upon the circumstances.

**In-person meeting agreement** – You will need to sign an agreement acknowledging that you understand and comply with policies regarding in-person meetings. I will also ask you to sign a waiver of liability agreement in which you acknowledge that you are aware of the risk of infection and do not hold me responsible for any health issues that you might experience as a result of meeting in-person.

### **What I am doing to minimize risk**

**Office Safety Procedures** – the following procedures are being implemented to reduce the risk of infection in the building:

- **Air quality** – In addition to keeping the HAC system fan operating at all times system, I also have an air purifier and CO<sub>2</sub> monitor
- **Regular cleaning of high-touch surfaces**, including door handles, railings, chair arm-rests, etc.
- **Supplies including face masks and disinfectant for hands** are will be available for clients.

**My personal safety procedures** – I will follow the following procedures to reduce the risk of infecting others or being infected myself:

- **Monitoring of my own health** - If I have a fever great than 100 degrees, experience COVID-19 symptoms or discover that I have been exposed to someone who is infected, I will not meet in-person, but instead meet remotely.
- **Reduce the risk of my becoming infected** through frequent hand-washing, wearing a face-mask, and maintaining social distancing of 6 feet.
- **I am fully vaccinated** – and have received 4 doses of the Moderna vaccine as well as a dose of the new Pfizer Bivalent Vaccine.

### **What I ask you to do to minimize risk**

- **Monitor your health** through temperature checks prior to sessions. If you have a fever of greater than 100 degrees, experience any COVID-19 symptoms or learn that you have been exposed to someone who is infected, I ask that you inform me immediately and plan to meet remotely rather than in person.  
**COVID-19 symptoms** may include fever, fatigue, dry cough, difficulty breathing, chills, nausea/vomiting, diarrhea, confusion, headache, recent widespread muscle pain, red or purple toes, loss of taste and smell, and bruising/redness/swelling/ cramping in lower leg and feet, as well as exposure within the last 14 days to someone who has COVID-19.
- **Reduce the risk of infection** – by wearing a face mask, washing your hands prior to and after sessions, and maintaining social distance of 6 feet. (If you do not have a face-mask, I will have some available.)
- **Keep up to date on vaccinations**
- **Leave promptly after the session** - Wash your hands again and leave promptly so that I can disinfect the office prior to the next session.

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## **Informed Consent for Returning to In-Person Psychotherapy & Agreement to comply with COVID-19 Safety Procedures**

5/3/21

I understand that this agreement supplements the Client Information Form and HIPAA policies which I received at the start of our work together.

I agree to follow all the safety procedures described in the Consent for Returning to In-Person Psychotherapy & Agreement to Comply with COVID-19 Safety procedures:

Monitor my health prior to sessions and meet remotely if I have a temperature of more the 100 degrees, experience any COVID symptoms, or have been in contact with anyone having COVID 14 days prior to my appointment.

Wear a mask from the time I enter the office until I leave,

Wash/disinfect hands prior to and after the session, and maintain 6 foot social distancing.

Leave the office promptly after the end of the appointment

I have had  doses of vaccine

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I understand that the COVID-19 safety procedures can help to reduce the risk of my becoming infected, but that there is no way to guarantee that I will not become infected. I understand that I can continue to meet remotely via phone or Zoom. I am choosing to participate in in-person sessions with full awareness that I may become infected regardless of all the procedures being implemented to reduce risk.

I do not hold Joel Ziff responsible for any health issues that I or others might experience as a result of meeting in-person.

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_