



Michael “Mike” Everson, MS, LMFT
Licensed Marriage & Family Therapist #97556
8037 Fair Oaks Blvd, Suite 110, Carmichael, CA 95608
(916) 905-3395 • (916) 905-0315 fax
www.mikeeverson.net • mike@mikeeverson.net

INFORMED CONSENT FOR IN-PERSON SERVICES DURING PUBLIC HEALTH CRISIS

This document contains important information about you, the client(s), and your therapist’s decision to resume in-person services in light of the COVID-19 public health crisis. As an essential worker, there can be opportunities to meet in-person but we all need to adhere to some precautions and guidelines to allow this to continue. Please read carefully and let your therapist know if you have any questions.

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 via telehealth. 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, telehealth 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 we may also need to discuss those issues.

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). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Client’s/Clients’ Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement:

- You will only keep your in-person appointment if you are symptom free.
- If you have an elevated temperature of 100 Fahrenheit or more, or if you have other symptoms of the coronavirus (coughing, hard to breathe, lack of taste/smell, etc.), you agree to cancel the appointment or proceed using telehealth. Please let me know as soon as possible if you intend to cancel and follow my 24 hour cancelation policy (note: per the policy, illnesses will not be charged the late fee).
- Effective June 15, 2021, the CA Dept of Public Health has issued guidance that masks are not required for fully vaccinated individuals. By entering without a mask, clients and guests self-attest that they are fully vaccinated. Fully vaccinated clients may continue to wear a mask. Clients who are not fully vaccinated are asked to wear a mask in the lobby for the safety of others.
- You will wash your hands or use alcohol-based hand sanitizer (provided) when you enter the office.
- You will adhere to the safe distancing precautions and keep a physical distance of 6 feet whenever possible.
- As normal, please do not bring children as there is no child care and the lobby cannot be used for children to wait for their parent(s) during session.
- You will take steps between appointments to minimize your exposure to COVID or other illnesses.
- If you have a job or commute that exposes you to other people who are infected, you will let me know.
- If someone of your home or work tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth until CDC guidelines of quarantining are completed.

_____ **Initial here to indicate client(s) have read and agree to the above responsibilities/precautions.**

(Therapist may change the above responsibility/precautions if additional local, state or federal orders or guidelines are published. If that happens, we will have a discussion about any necessary changes and discussion will be noted in your file).



Michael “Mike” Everson, MS, LMFT
Licensed Marriage & Family Therapist #97556
8037 Fair Oaks Blvd, Suite 110, Carmichael, CA 95608
(916) 905-3395 • (916) 905-0315 fax
www.mikeeverson.net • mike@mikeeverson.net

Once Seated in the Therapy Office

Please note, therapists once seated in the office and physically distanced at approximately 6-feet apart will typically not wear their mask; this does not mean they have been vaccinated nor must they disclose their vaccination status. Clients are welcome to continue to wear or remove their masks at this time based on their comfort level. If you feel uncomfortable or unsafe with your therapist not wearing a mask we are happy to offer you the telehealth video counseling option in line with information stated above.

Our Practice’s Commitment to Minimize Exposure

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

If the Client(s) or Therapist Are Sick

You understand that we are committed to keeping you, us, and all of our families safe from the spread of this virus. If you show up for an appointment and we believe that you have symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can reschedule services by telehealth as appropriate. If a therapist tests positive for the virus, we will notify you so that you can take appropriate precautions. As well, we would need to move to only telehealth sessions until guidelines indicate otherwise.

Client(s) Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, we may be required to notify local health authorities that you have been in the office. If we have to report this, we 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. If we do not have to report, we will not. By signing this form, you are agreeing that we 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 therapy together. Once signed, it will be an official agreement between us.

Your signature(s) below shows that you agree to these terms and conditions:

Print Client Name

Print Additional Client Name

Signature of Client

Date

Signature of Additional Client

Date

Print Representative Name (Parent, Guardian, etc.; if any)

Signature of Representative

Relationship to Client

Date

***** Please ensure all clients and/or representatives have initialed the box found at end of page 1. Thanks.*****