**Sam Poyta Counseling, PLLC**  
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**Informed Consent For In-Person Services Regarding COVID-19**

This document contains important information about our decision to begin/resume in-person services in light of the COVID-19 public health concern. Our decision is based in part on recommendations by the Center for Disease Control (CDC), but other factors may be considered.

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 via telehealth. If you have concerns about meeting through telehealth, 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.

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 is also determined by the insurance companies and applicable law, so we’ll discuss any financial implications if needed.

**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.

**Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure and potential sickness.

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 only keep your in-person appointment if you have been fever free for a minimum of 10 days prior to our appointment. \_\_\_
* You will cancel your appointment if you have been in contact with someone who has tested positive within the last 14 days. \_\_\_
* You will take steps between appointments to minimize your exposure to COVID. \_\_\_
* If a resident of your home tests positive for the infection, you will immediately let me know and we will then resume treatment via telehealth. \_\_\_

**My Commitment to Minimize Exposure**

My office 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 me know if you have questions about these efforts.

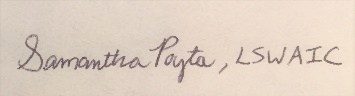
**Informed Consent**

This agreement supplements the intake/consent documentation that you completed/signed at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Client Date

\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_*Dated same as client’s date above*\_\_

Counselor Date