

LODESTONE

CENTER FOR BEHAVIORAL HEALTH

LodeStoneCenter.com

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

Risks of Opting for In-Person Services:

I understand that by coming to the office, I am at increased risk for exposure to the Coronavirus. By participating in therapy sessions in person, I am assuming the risk of exposure and agree not to hold *The LodeStone Center for Behavioral Health* or its employees liable for any negative outcomes of that exposure. This form acknowledges that I and my therapist have determined that telehealth sessions are not feasible, and in-person services are necessary. Telehealth services are available to me upon request at any time..

Patient Responsibility:

To obtain services in person, I agree to take certain precautions which will help keep us safer from exposure and sickness which include:

- Only keeping appointments when I am symptom-free.
- Taking my temperature before each office visit and staying home if my temperature is 100 degrees Fahrenheit or higher.
- Frequent hand washing and use of hand sanitizer, particularly before entering the building.
- Following state guidelines about wearing masks in places of business.
- Adhering to physical/social-distancing guidelines when inside the office.
- If I am exposed to anyone else who is infected with COVID-19, I will let my provider know.
- Waiting in my car, and only coming up to the office when my therapist calls to start the session.

Our Commitment to Minimize Exposure:

Our group is taking precautions to protect our patients and staff. You may request a printed copy of our *Office Safety Precautions in Response to COVID-19*, or access a copy on our website at any time.

Your Confidentiality in the Case of Infection

If you have tested positive for the Coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information required.

Informed Consent

I certify that I have been offered telehealth as an option for services but opt for in-person visit under the terms and conditions stated herein. I will not hold *The LodeStone Center for Behavioral Health* or any of its employees liable for any health complications related to my office visit.

This agreement supplements any other consent form on file with our office.

Print Client Name

Client Date of Birth

Client Signature

Date Signed

Legal Guardian Signature

Date Signed

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