



THE OLSON MARRIAGE AND FAMILY THERAPY INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. 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, or my supervisor/clinical director, 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, or my supervisor/clinical director, 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.

Risks of Opting for In-Person Services

YOU UNDERSTAND THAT BY COMING TO THE OLSON CLINIC, 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.

Other Professionals/Students/Faculty/Individuals in Mount Mercy University

In the building that The Olson Clinic is housed, there are other professionals/professors/students that hold office spaces, and classrooms in which classes may be taking place. Those individuals may not be taking any steps to protect you or others from the spread of Coronavirus.

_____ By initialing You understand that **The Olson Clinic has zero control over whether or not those other individuals are taking action to minimize exposure or protect you from COVID 19 and you will not hold The Olson Clinic personally liable of actions/inactions other individuals have/have not taken to limit the spread of infection.**

_____ **Initial to indicate that you understand and agree to take the risk of exposure to the Coronavirus.**

Your Responsibility to Minimize Your Exposure (initial all points)

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, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. 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 take your temperature before coming to each appointment. If it is elevated (100.4 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged our normal cancellation fee.

___ You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time.

___ You will wash your hands or use alcohol-based hand sanitizer when you enter the building.

___ You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.

___ You will wear a mask and/or face shield in all areas of the office (all faculty, staff, and students will too).

___ We cannot provide a mask or face shield for you. You will bring and wear a mask or face shield to all appointments.

___ You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands/hugs) with your student therapist.

___ You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.

___ If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.

___ You will take steps between appointments to minimize your exposure to COVID.

___ If you have a job that exposes you to other people who are infected, you will immediately let us know.

___ If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let us know.

___ If a resident of your home tests positive for the infection, you will immediately let me know and we will then begin/resume treatment via telehealth.

___ The Olson Clinic may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

Our Commitment to Minimize Exposure

The Olson Clinic has taken steps to reduce the risk of spreading the coronavirus within the clinic and we have posted my efforts on my website and in the office (also see posted this COVID informed consent form on the website). Please let your student therapist know if you have questions about these efforts.

If You or Your Student Therapist is Sick

You understand that your student therapist is committed to keeping you, themselves, 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 a fever or other symptoms, or believe you have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If your student therapist, other students, faculty, or staff, that you have come into contact with, test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

Your 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. 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 work together.

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

Client/Parent/Guardian Signature

Date

Printed Name of Client/Parent/Guardian

Client/Parent/Guardian Signature

Date

Printed Name of Client/Parent/Guardian

Client/Parent/Guardian Signature

Date

Printed Name of Client/Parent/Guardian

Client/Parent/Guardian Signature

Date

Printed Name of Client/Parent/Guardian



**MOUNT MERCY UNIVERSITY & THE OLSON MARRIAGE AND FAMILY
THERAPY CLINIC ASSUPTION OF RISK WAIVER OF LIABILITY REGARDING
CORONAVIRUS (COVID-19)**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Mount Mercy University (MMU) and The Olson Clinic has put in place preventative measures to reduce the spread of COVID-19; however, MMU and the Olson Clinic cannot guarantee that you, your partner, or your child(ren) will not become infected with COVID-19 as a result of entering MMU or the clinic. Further, attending in person sessions could increase your risk, your partner's risk, and your child(ren)'s risk of contracting COVID-19.

Risks of Opting for In-Person Services

YOU UNDERSTAND THAT BY COMING TO MOUNT MERCY UNIVERSITY AND THE OLSON CLINIC, 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. Initial to indicate that you understand and agree to take risk of exposure to the Coronavirus. Also, the building that The Olson Clinic is housed, there are other professionals/professors/students that hold office spaces, and classrooms in which classes may be taking place. Those individuals may not be taking any steps to protect you or others from the spread of Coronavirus.

_____ By initialing You understand that **MMU and The Olson Clinic has zero control over whether or not those other individuals are taking action to minimize exposure or protect you from COVID 19 and you will not hold MMU or The Olson Clinic personally liable of actions/inactions other individuals have/have not taken to limit the spread of infection.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself, my partner, and my child(ren) and I may be exposed to or infected by COVID-19 by attending in-person sessions and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at MMU or The Olson Clinic may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MMU or Olson Clinic staff/employees, faculty, volunteers, students, and other professionals working in the building, practicum students, or other clients/persons who were in the building.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my partner, or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my partner, or my child(ren) may experience or incur in connection with my, my partners, or child(ren)'s attendance at MMU or The Olson Clinic ("Claims"). On my behalf, and on behalf of my partner, and child(ren), I hereby release, covenant not to sue, discharge, and hold harmless MMU, The Olson Clinic, its students, faculty, staff/employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MMU or The Olson Clinic, its, its students, faculty, staff/employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person therapy sessions.

Client/Parent/Guardian/Student Signature

Date

Printed Name of Client/Parent/Guardian/Student

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