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**Informed Consent for In-Person Clinical Social Work
Services During the Covid-19 Pandemic**

I, _____, consent to participate in in-person psychotherapy sessions with Keri Cohen, LCSW, BCD (my therapist) at her place of business.

1. I understand the following with respect to in-person sessions during the Covid-19 pandemic:
 - a. I understand that Covid-19 is extremely contagious and is spread primarily by person-to-person contact.
 - b. I understand that my therapist has adopted reasonable preventative measures intended to reduce the spread of Covid-19, but there is still a possibility of transmission as a result of attending in-person therapy.
 - c. I understand that federal and state laws typically authorize public health departments to collect patient information to prevent or control disease and for related public health needs.
 - d. I understand that my therapist may be required to report Covid-19 related patient information to public health departments, HHS, or the CDC. For example, if anyone who has been in my office tests positive for Covid-19, disclosure may be necessary for contact tracing or other data collection needs. If reporting is required, only the minimum necessary information will be disclosed.

2. I agree to the following with respect to in-person sessions during the Covid-19 pandemic:
 - a. I will comply with all safety precautions to limit the spread of Covid-19, as directed by my therapist.
 - b. I will notify my therapist as soon as possible before my appointment if I have symptoms of Covid-19 or have been exposed to any risk factors as directed by my therapist. If this happens, I will cancel my appointment unless my therapist directs me to come in.

I agree to comply with the following safety precautions and disclose any of the following risk factors. Failure to comply with the safety precautions or to disclose information may result in forfeiting the in-person session and being asked to leave the session and building, which will include a \$70.00 cancellation fee. The cancellation fee is not covered by insurance.

Safety Precautions to limit the spread of Covid-19 include, but are not limited to:

- Waiting outside the office or in your car until the time of your appointment. Do not wait in the building for more than five minutes prior to your appointment.

- Maintaining at least 6 feet of distance between you and other people (including the therapist) in the office at all times.
- Wearing a face mask while in the office and in the building (to be provided if necessary). Gaiters, masks with valves, bandannas and similar thin coverings are not sufficient. 3-ply masks, surgical masks and/or masks with filters should be worn. N95, KN95, N100 masks are also permitted.
- Using hand sanitizer (to be provided) upon arrival in office and after touching your face.

Symptoms and risk factors include, but are not limited to:

Symptoms of Covid-19:

- Fever over 100° (You must take your temperature before each appointment)
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Loss of Sense of Smell and/or Taste
- Diarrhea
- Headache

Risk Factors for Covid-19:

- Tested positive for Covid-19
- Awaiting results of your own Covid-19 test
- In contact with someone in past 14 days who has tested positive for Covid-19 or had symptoms of Covid-19
- Regularly in close contact with others outside of your family
- Prolonged contact with others outside of your family in past 14 days
- Traveled by air, bus, subway, train, or cruise ship in past 14 days

I knowingly and willingly consent to have in-person sessions during the Covid-19 pandemic, and I acknowledge the health risk of Covid-19 during this pandemic. I will not knowingly put my therapist or others at risk of infection. I have read the information provided above and discussed it with my therapist, and all of my questions have been answered to my satisfaction.

Signature of client/parent/legal guardian

Date

Signature of therapist

Date