

# BEHAVIORAL PSYCH STUDIO

www.behavioralpsychstudio.com

info@behavioralpsychstudio.com

(917) 497-2760

## **Behavioral Psych Studio COVID-19 Client Consent Form**

The COVID-19 virus is a serious and highly contagious disease, which has required state and local health officials to provide guidelines in order to manage the spread of the virus. The staff at Behavioral Psych Studio have used these guidelines as the minimum standard for in person counseling services. For your safety and the safety of our staff and community, you must comply with all measures and protocols in order to receive in person services at Behavioral Psych Studio. These protocols are subject to change based on the best information we have from those health officials.

- All clients and guests must wear a mask when in the common spaces.
- All clients must wear a mask in the therapist office.
- All clients must wash or disinfect their hands upon entering the building, after they use the restroom, and anytime they touch their face.
- All clients must maintain 6 feet of distance from anyone in the building, unless they are from the same household.
- All clients must wait to enter the office until the start time of their session. Please wait outside until your therapist notifies you that they are ready. Currently, our waiting room is closed.
- Only clients are allowed in the office. For children under 18, one parent/guardian may accompany client. Children and family members who are not clients of BPS are not permitted into the office.
- All clients understand they will be asked COVID-19 screening questions about any symptoms they have. BPS staff have the right to ask you to reschedule using telehealth if you say “Yes” to any questions.
- All clients understand that they will have their temperature checked upon entering the office. Clients with a temperature above 100.4 will not be able to attend their therapy session in-person, and will be asked to engage in telehealth for two weeks or until cleared by a doctor.
- All clients will be required to sanitize their hands upon entering the office.
- Clients who identify as a member of the vulnerable/high risk population must continue teletherapy until further notice. All clients who attend in person therapy sessions agree that they are not a member of the vulnerable or high-risk population.
- Clients who test positive for COVID and have attended an in-person therapy session in the past 2 weeks must notify their therapist immediately. If you should test positive for COVID, in-person services will be paused and telehealth will resume, for the duration of two weeks or until you are cleared by a doctor.
- In person visits may not be available for every therapist of BPS, due to their personal needs.

- We reserve the right to require telehealth appointments of any or all clients versus in person appointments if we feel it is necessary to maintain the safety of BPS staff and our clients.

Due to the long incubation period of the COVID-19 virus, as well as the reality that an individual may be a carrier of the virus without any symptoms or awareness, face to face contact with any other member of the community increases risk of transmission of the virus.

BPS will continue to provide individual, couples, group and family therapy via a telehealth platform. **We strongly suggest that clients continue to use telehealth for therapy services and that in person sessions be used for clients with whom telehealth is not possible or suggested, such as clients with privacy or safety issues, clients who receive therapy by certain modalities that are not conducive to telehealth, and clients who need a higher level of care.** By choosing in person sessions over telehealth, you recognize the increased risk of contracting the virus in the office and accept that risk.

**Patient/Client Acknowledgement**

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in coming to this office and being in this office for in person sessions. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from a multitude of sources outside this office and unrelated to my visit here. I acknowledge it would be exceedingly difficult for anyone to prove from whom or where they contracted COVID-19. I assume the risk of being in this office and proceeding with services at Behavioral Psych Studio.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**