

# BRIGHT HOPE

## Christian Counseling Center, PLLC

*Serving Individual Adult, Adolescent, Children and Couples*

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### **Pandemic In-Person Session Service Agreement**

(INFORMED CONSENT DURING THE PUBLIC HEALTH CRISIS)

**I/we understand that –**

1. I/we have a choice in the way I/we wish to receive services from BHCCC. At this time, I/we choose to meet Face-to-Face with my therapist at BHCCC's main office suite.  
 Yes  No  Unsure
  
2. If there is a significant resurgence of the pandemic or if other health concerns arise, however, I/we am/are willing to consider meeting via telehealth or discuss about other service options. My therapist and I/we will discuss ways to maintain my/our sessions' privacy and confidentiality.  
 Yes  No  Unsure
  
3. BHCCC will discuss with me/us about ways my/our insurance company handles reimbursement for my/our telehealth services.  
 Yes  No  Unsure
  
4. By coming to the in-person session, I/we am/are assuming the risk of exposure to the pandemic (or other public health risk). This risk may increase if I/we travel by public transportation, cab, or ridesharing service.  
 Yes  No  Unsure
  
5. I/we have the responsibility to minimize my/our exposure the pandemic. I/we agree to take every precaution necessary to help keep everyone in this office environment safe from exposure, sickness and possible death. If I/we do not adhere to these safeguards, it may result in my/our starting/returning to a telehealth arrangement. I/we understand that precautions to minimize exposure may require adjustment as conditions change and that I/we will be advised in that regard. I/we agree to:
  - Keep my/our in-person session when I/we are pandemic-symptom free
  - Cancel my/our session(s) when I/we have the pandemic symptoms
  - Wash/sanitize my/our hands prior to coming into the office environment
  - Wear a mask and maintain at least 6 feet distance while I/we am/are in the office environment
  - Avoid any physical contact with non-family members while I/we am/are in the office environment
  - Notify BHCCC when a member of my/our household or co-worker test positive for pandemic symptoms so we can make other arrangements for my/our session. Yes  No  Unsure



**BHCCC is committed to ensuring clients' and community's safety and well-being** in the following ways:

- BHCCC shall remain in compliant with the CDC guidelines, and with the State of Utah and Cache County mandates pertaining to the pandemic symptoms and to high-risk individuals\*.
- BHCCC may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, BHCCC therapist will talk with you about any necessary changes.
- With the effort to minimize client and community exposure to the pandemic, BHCCC has taken steps to reduce the risk of spreading the virus within the office environment by keeping the area regularly sanitized.
- BHCCC will notify you if one of our staff member is sick or has been tested positive for the pandemic symptoms. We agree that we are committed to keeping everyone safe from the spread of this virus. We can take appropriate precautions. We may follow up with services by telehealth as appropriate.

*(\*High-risk individuals are defined as people 65 years and older, people who live in a nursing home or long-term care facility, people of all ages with underlying medical conditions, including lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), people with severe obesity, diabetes, chronic kidney disease undergoing dialysis, or liver disease.)*

**My/our confidentiality in the case of infection:**

If I/we have tested positive for the pandemic symptoms, BHCCC may be required to notify local health authorities that I/we have been in the office environment. If BHCCC must report this, I understand that BHCCC will only provide the minimum information necessary for the health department's data collection and will not go into any details about the reason(s) for my/our visits. By signing this form, I/we agree that I/we may do so without an additional signed release.

**Acknowledgment & Signature:**

I have read and agreed to the terms outlined in this document, **Pandemic In-Person Session Service Agreement**. I acknowledge that I am the Client, or a legal representative of the client. I agree that my e-signature below is a legally binding equivalent to my handwritten signature.

Client Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Father's Name (Print): \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Mother's Name (Print): \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_