

Informed Consent for Psychotherapy Regarding COVID-19

Providing psychotherapy in the COVID-19 pandemic requires navigation of various Executive Orders by Governor Polis and guidelines and recommendations put out by the Colorado Office of Behavioral Health, the Department of Regulatory Agencies, the Centers for Disease Control and Prevention, among regulating bodies. One of Governor Polis's Executive orders, D 2020 009 (extended by D 2020 027), prohibits all elective and non-emergency procedures, which he issued in an effort to ensure all Coloradans are both (1) **safe** and (2) **receive the best possible care**.

The Order defines an "elective" procedure as one that "can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by" the provider. We have determined that the services that Dr. Max is providing to you do not fall within the definition of "elective." Even if not elective, however, the guidance from DORA is that procedures, including services offered by Dr. Max, may only go forward in-person if there is (1) a threat to the patient's life if the procedure is not performed; (2) a threat of permanent dysfunction of an extremity or organ system if the procedure is not performed; (3) a risk of progression or staging of a disease or condition if the procedure is not performed; or (4) a risk that the patient's condition will rapidly deteriorate if the procedure is not performed and there is a threat to life, threat of permanent dysfunction or disability.

Additionally, current guidance is that telehealth should be used whenever possible and that providers need to encourage their clients to utilize teletherapy options. If a provider feels that a patient's condition warrants an in-person visit, the provider must still adhere to social distancing requirements as outlined by Governor Polis's Amended Public Health Order 20-24, which defines social distancing to include: "maintain at least a six-foot distance from other individuals, wash hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, cover coughs or sneezes (into the sleeve or elbow, not hands), regularly clean high-touch surfaces, and not shake hands."

We have discussed that Dr. Max follows all the social distancing guidelines, monitors his own health and maintains the cleanliness of The Curtice Center and his office. We have also discussed that Dr. Max requires his clients to sign this additional Informed Consent if, in consultation with Dr. Max, they feel it necessary to participate in in-person therapy (a separate Informed Consent is required for persons selecting to do teletherapy with Dr. Max).

In acknowledgement of these discussions and to indicate your agreement to the parameters and risks of in-person consultations during the COVID-19 pandemic, please initial each statement below and sign at the end of this Informed Consent form:

_____ I understand that regulatory bodies, governmental agencies, and the Governor of Colorado are recommending the use of teletherapy for the provision/receipt of psychotherapy services.

_____ I understand that Dr. Max has the ability to perform teletherapy with a HIPAA-compliant system and has offered this service to me.

_____ I understand that teletherapy can be performed without sophisticated equipment that I might not have access to and that Dr. Max will work with me to utilize the best and safest system available to me. I understand that the systems available to me may not meet HIPAA requirements, which is only permitted at this time due to a relaxation of requirements during the COVID-19 pandemic.

_____ I understand that the State of Colorado has issued orders indicating insurance companies should pay for teletherapy as they would in-person psychotherapy, but that Dr. Max makes no guarantee that my insurance company will pay for any services, teletherapy or in-person psychotherapy.

_____ I understand that I am ultimately responsible for all costs associated with my treatment with Dr. Max.

_____ I understand that the recommendations for teletherapy are made to help safeguard myself, my family, and the community at large.

_____ Notwithstanding the recommendation for teletherapy, I believe that without in-person psychotherapy, either my life would be at risk and/or that my health and well-being are at risk of deterioration and that I might become dysfunctional without in-person psychotherapy.

_____ I understand and agree to abide by screening procedures before attending each and every in-person psychotherapy session. I will not attend in-person if I have any respiratory issues, sneezing, coughing or fever; if I have been around others with these symptoms; if I know I have been exposed to someone who has tested positive for COVID-19; or if I have traveled internationally or domestically in a high risk area within 14 days.

_____ I understand and agree to abide by social distancing requirements including: maintaining at least a six-foot distance from others, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

_____ I understand that in-person psychotherapy is not risk free and that there is an increased risk both for exposure and exposing others to COVID-19. I agree to assume all responsibility for this risk because of the benefit in-person psychotherapy offers to my overall health.

_____ I understand that I may rescind this Informed Consent at any time and opt to move to teletherapy without any penalty and without incurring additional costs (besides what has already been accrued).

Signature

Date

I have consulted with _____ and it is my professional opinion that there is a clinical risk to life and/or to the health and/or well-being deteriorating with possible resulting dysfunction without in-person psychotherapy.