



## Informed Consent for In-Person Services during COVID-19

I give my consent to participate in **in-person** mental health treatment or related services through Headway Emotional Health amidst the COVID-19 “stay safe order” and social distancing recommendations.

I understand that I am at risk of exposure to COVID-19 by participating in in-person sessions.

I understand that if I am experiencing COVID-19 like symptoms or if my temperature is above 100.4F at the time of my appointment that I will be asked to reschedule my appointment or switch my appointment to a telehealth or telephone appointment.

I understand that Headway recommends me to wash my hands or use hand sanitizer when I enter the building, wear a mask, practice social distancing both in the lobby and within my provider’s office, and practice good hygiene precautions.

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult client or parent/guardian

\_\_\_\_\_  
Date