

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

I, _____, consent to participate in in-person psychotherapy sessions with _____ (my therapist) at their 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 therapist's 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 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 certain risk factors as directed by my therapist. If this happens, I will cancel my appointment unless my therapist directs me to come in.

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 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

Examples of Safety Precautions, Symptoms, and Risk Factors for Clients

Note to Social Worker: You will need to provide clients with a list of safety precautions, symptoms (for guidance on symptoms, see the CDC's website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>), and risk factors that are referred to in §2 of the Informed Consent form.

We have provided sample lists below. Please note that these are only examples of items that other providers have adopted, not a list of recommendations.

Do not give this page to your clients. You should review each item to decide whether you believe it is appropriate and add any other items as desired, or if required under your state or local reopening orders. Then print your own list on your letterhead, without these instructions.

Sample Standards for In-Person Clinical Social Work Services During Covid-19 Pandemic

Safety precautions to limit the spread of Covid-19:

- Wait outside the office or in your car until the time of your appointment
- Maintain at least 6 feet distance between you and other people (including the therapist) in the office at all times
- Wear a face mask while in the office
- Use hand sanitizer (to be provided) upon arrival in office and after touching your face

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

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
- Regularly in close contact with others outside of your family
- In 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

*This sample consent form and related information are provided as a service to members of the National Association of Social Workers and the social work community for educational and information purposes and **do not constitute legal advice**. We provide timely information, but we make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained in or linked to this website and its associated sites. Its transmission is not intended to and does not create a lawyer-client relationship between NASW, LDF, or the author(s), and you. You should not act based solely on this information. Laws and court interpretations change frequently, and applicable state laws might not be addressed. Legal advice must be tailored to specific facts and circumstances. **Nothing reported here should be used as a substitute for the advice of competent counsel licensed in your jurisdiction.***