



Informed Consent related to COVID-19

Wisdom Path has been responding to the COVID-19 crisis by providing online service to protect you and our staff. In some circumstances, that option is not possible or appropriate, and so we are offering you the option to be seen in person. The health and safety of you and of our staff are top priorities, and we want to make sure you are fully informed about your options and the best practices to protect yourself. Please be advised that Wisdom Path will continue to follow all state and federal guidelines to limit transmission of COVID-19. Procedures have been developed to protect everyone's safety, and we ask that you comply with those in order to receive in person services. (see attached).

However, even with careful attention to recommended health protocols, there is still a risk that you or you could be exposed to an illness through in-person services, just as there might be at your place of work, grocery store, or favorite restaurant. In spite of precautions, we cannot guarantee that you will not be exposed to COVID-19 while receiving services. Your participation in face to face services is voluntary, and we will continue to provide online services for as long as necessary as an option for you. If you elect to receive face to face services, you should understand and agree to the following

1. The nature of in-person psychological services includes some close contact with others and the possibility of exposure to and illness from communicable diseases, including but not limited to a common cold, influenza, and COVID-19. While physical distancing may reduce this risk, there are unique health risks due to COVID-19, including serious illness and death, especially to those in high-risk categories with underlying health conditions
2. Any procedures or protocols deemed necessary for reduced risk (see attached). These procedures are required and must be followed at all times. not optional.

Thank you for your continued patience and trust as we continue to provide services during these difficult times.

I (print name of client) _____ have fully read this consent including the risks of participation, the procedures implemented to reduce risk, and my personal responsibilities for adhering to any health and safety requirements implemented to receive in person services. By signing below, I agree that I have read and understood this Informed Consent and that I have been offered online services as an alternative. By my signature below I am agreeing to receive services in-person and I am accepting the inherent risks associated with in-person services.

Signature of Client or legal guardian

Date