

Vancouver Couple & Family Institute
Suite #270 – 828 West 8th Avenue
Vancouver, BC V5Z 1E2
Tel: 604-677-3286 Fax: 604-677-3289
www.vcfi.ca info@vcfi.ca



Informed Consent for In-person Services During COVID-19

As our clinic gradually resumes face-to-face therapy services we would like to provide important information about our policies and protocols to keep you, me, both of our families, our VCFI team and our other clients safe. Everyone's cooperation affects all of our well-being and thus together we can help one another stay safe.

Decision to Meet Face-to-Face

We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic and it is not in the best interests of safety or if other health concerns arise, I may switch to providing telehealth services. If you have concerns about transitioning to telehealth, we will talk about them and try to address these.

If you decide at any time that you would feel safer staying with, or transitioning to, telehealth services, I will respect that decision, and we will discuss the clinical implications of doing so.

My Commitment to Minimize Exposure

Our clinic has taken steps within the office to reduce the risk of spreading the virus. This includes a Safety Plan which covers four key areas:

- 1) Health screening prior to our therapy sessions
- 2) Practicing physical distancing and wearing protective masks
- 3) Proper sanitization of the therapy offices and main office area
- 4) Protocols in case one of us contracts COVID-19

Please take the time to review our Safety Plan which we can send to you electronically or you can view on our website (vcfi.ca). Read it carefully and let me know if you have any questions or concerns about it.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, our team and our other clients) safe from exposure, sickness and possible death. If you are unable or refuse to adhere to these safeguards we may start or return to telehealth services.

If you would like to proceed with face-to-face services please read the statements and indicate your agreement to comply with each of these items by initialing below.

I understand that:

- I will complete the province's self-assessment tool (<https://bc.thrive.health/covid19/en>) and take my temperature before each of our sessions. If it is elevated (at or above 38 degrees Celsius or 100 degrees Fahrenheit) or if I have any symptoms of a cold, flu, seasonal allergies or Coronavirus (fever, cough, difficulty breathing), I agree to cancel the appointment or proceed using telehealth. If I wish to cancel for this reason, I won't be charged the normal cancellation fee.
- I will only keep our in-person appointment if I am symptom free.
- I will wait in my car or outside in a safe waiting area and until I receive a text that you are ready for our session.
- I will put on my mask and wash my hands or use hand sanitizer when I enter the building.
- I will adhere to the safe distancing precautions set up in the waiting room and assessment or therapy room.
- I will wear a mask in all areas of the office (as will my therapist).
- I will keep a distance of 2 meters (6 feet) and there will be no physical contact (e.g. no shaking hands) with my therapist or other staff.
- If I am bringing my child/children, I will make sure that they follow all of these sanitation and distancing protocols.
- If I am exposed to anybody who is infected or tests positive in any part of my life (work, home, etc.), I will let you (and your staff) know immediately.

If you or I become ill

If one of us becomes ill or believe we have been exposed to Coronavirus, we will inform each other, cancel our appointment and follow up with telehealth services as needed. Furthermore, we will seek medical advice which may include testing for COVID-19 and 14 days of quarantine if positive.

If I (or anyone on my team) test positive for the coronavirus, I will notify you as soon as possible so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you or I test positive for the coronavirus, it may be required to notify local health authorities that you have been in the office to comply with contact tracing protocols. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details of

the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

Risks of Opting for In-Person Services

Our Safety Plan has been crafted and implemented based on advisories from our local health authorities, the BC Centre for Disease Control, WorkSafe BC, and our Professional Colleges and Associations. However, despite our best efforts we are unable to guarantee your safety. You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

Informed Consent

This agreement is a supplement to the general informed consent that we agreed to at the start of our work together. If you would like to proceed with face-to-face services please initial in the spaces provided above and sign below indicating your consent and agreement to these policies. By signing this document, you are consenting to in-person therapy, assuming risk of exposure to Coronavirus (or other public health risk) and agreeing to do your part to minimize the risk of spreading the virus to others.

The Safety Plan has been explained to me, my questions have been answered and I am comfortable with the safeguards that have been put in place. I fully understand the risks involved and I am requesting in-person services.

My signature below indicates that I agree to the terms and conditions outlined within this document.

Client Name & Signature: _____ Date: _____

Client Name & Signature: _____ Date: _____

Parent(s) Name & Signature: _____ Date: _____

I have gone over the points within this document and discussed any questions or concerns that arose for my client(s).

Therapist Name & Signature: _____ Date: _____