

**OBERTELLI PLAY THERAPY**

**16A CHURCH STREET**

**OSWESTRY**

**SHROPSHIRE**

**SY11 2SP**

**07974506910**

**Ginaobertelli@aol.com**

**INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains important information about our decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

**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 or if other health concerns arise, I may require that we meet virtually via Skype/What's App. If we determine that you do not wish to engage in remote sessions, a therapeutic break may need to be initiated in order to prioritise everyone’s well-being. If you decide at any time that you would feel safer staying with, or returning to, remote services, I will respect that decision, if it is feasible and clinically appropriate.

**Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to the corona virus (or other public health risk).

**Your Responsibility to Minimise Your Exposure**

To attend direct sessions, you and I will agree to take certain precautions which will help keep everyone safer from exposure:

* You will only keep your in-person appointment if you are symptom free. Please take your temperature prior to coming to each session. If your temperature is above 37.9, we should cancel your face to face session, and we can opt for a virtual session.
* On entering the building, you will wash your hands and use alcohol-based hand sanitizer if required.
* Only one adult to bring a child to session it is a requirement for them to adhere and sign to these policies.
* You will adhere to the safe distancing precautions we have set up in the waiting room and therapy room.
* You may wear a mask should you chose to and if you request this of me, this can be implemented. Masks, hand sanitizer and gloves will be made available.
* We will maintain a metre distance where possible and there will be no physical contact.
* If anyone in your home tests positive for the infection, or anyone you are in contact with shows signs of the infection you will immediately let me know and we will resume sessions remotely.
* A Walk in the community can be an option for those that want to consider this as a therapeutic option.
* Windows will be open where possible (weather dependent) but will be open post session for a minimum of 1 hour to encourage the circulation of air.
* There will be at least one hour between sessions to give me the opportunity to clean in between sessions and sanitize.

I may change or amend the above precautions at any stage or If additional local or UK guidelines are published. If that happens, we will communicate any necessary changes.

**My Commitment to Minimize Exposure**

I have taken steps to reduce the risk of spreading the coronavirus within the office as outlined in this document. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, and all our families safe from the spread of this virus. If I become ill, another client becomes ill, or I test positive for the corona virus, I will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the corona virus, I may be required to notify local health authorities that you have been in the office. If I must report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

**Informed Consent**

Your signature below shows that you agree to these terms and conditions.

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 Client Date

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Therapist Date