

**NOTICE OF COVID-19 INDEMITY AND HOLD HARMLESS
AGREEMENT
Effective 05/14/2020**

As a result of the Covid-19 Pandemic, this document contains important information about our decision to reopen, and your decision to see your counselor and/or doctor in-person, in light of the current public health care crisis. Please read this document carefully and let our staff 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 of our future sessions. If there is a resurgence of the pandemic or other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about meeting via telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well being.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, taxicab, or ridesharing service.

LPC is making every effort to make this a safe environment given all the unknowns surrounding this pandemic. You understand that LPC might use cleaning products that contain irritants to certain individuals. If you have asthma or other physical conditions, please be advised that residual chemicals from these products might affect you adversely.

Your Responsibility to Minimize Exposure

To obtain services in person, you agree to take certain precautions which will keep everyone (you, me, our families, my other staff and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangements. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free _____
- You will take your temperature before coming to each appointment. If it is elevated, or if you have taken a fever reducer within the last 24 hours to bring a fever down, or if you have other symptoms related to Covid-19, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I will waive our normal cancellation fee _____
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time as there are only a few social distanced seats available in our small waiting room _____
- You will wash your hands or use alcohol-based sanitizer when you enter our offices _____
- You will adhere to the safe distancing precautions prescribed by the State of Missouri _____
- You will wear a mask in all areas of the office _____
- You will not attempt to shake hands, or make any type of physical contact with our staff _____

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- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands _____
- You will come to your session alone, unless the session is a marital therapy session, or you are a parent accompanying your child. You will ensure that your child also follows all the protocols contained in this agreement _____
- You will take steps between appointments to minimize your exposure to Covid-19 _____
- If you have a job that exposes you to other people who you have reason to believe may be infected, you will immediately let me, or my office manager, know _____
- If a resident of your home tests positive for the infection, you will immediately let me, or my office manager, know and we will then begin/resume telehealth _____

The above protocols may change if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any changes.

Our Commitment to Minimize Exposure

LPC has taken steps to reduce the risk of spreading the coronavirus within our office and we have posted our efforts throughout the premises and on our website. Please let me know if you have any questions.

If You or I Are Sick

You understand that LPC is committed to keeping all of us, and our families, safe. If you show up for an appointment, and I have any reason to believe that either one of us is sick, symptomatic, or uncooperative, LPC will require you to leave the office immediately. We can follow up via telehealth as appropriate.

If I, or anyone on staff at LPC tests positive, you will be notified so that you can take appropriate precautions.

Informed Consent

This agreement supplements the general informed consent that we agreed to at the start of our work together in your initial client registration forms.

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

Patient/Client/Guardian

Date

Clinician/Physician

Date

KP/
05/14/2020