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**COVID-19 Informed Consent Document**

Our world has changed from the COVID-19 pandemic. As a healthcare practitioner, I feel an obligation to serve and I want to be available for my clients who choose not to use tele-health therapy or just prefer to meet in person. Making the decision to transition back to in-person services is not a decision I take lightly. This is one that needs to happen for all of us in a considerate way as to honor, protect and respect everyone. We do this by keeping the topic always open to discussion. The evidence before us about the pandemic is not concrete. What is best for some, may not be best for all, so we must move forward with caution.

As your clinician, it is of the utmost importance to me that steps are taken to keep you healthy and reduce your risk of exposure to COVID-19. Consequently, the office space and therapy itself may look and feel very different for some time. In this document I will be outlining for you some of the changes you can expect returning to the office and a list of questions for you to ask yourself to determine if meeting in-person again is right for you.

You can expect the following changes when you return to the office:

1. I have been tested for the COVID-19 virus with a negative result as of June 22, 2020.
2. I will be wearing a cloth facial covering when I conduct therapy sessions with you. This is for your own protection. Though I am not requiring that clients wear face masks/cloth facial coverings, you are **strongly encouraged** to do so. Disposable face masks are available at the office to use if you do not have your own cloth facial covering to wear.
3. You will now be required to wait in your car until the time of your appointment instead of in the waiting area. If you bring an additional person/people with you to your appointment, they are also required to wait in the car instead of in the waiting area. Please send me a text message when you have arrived and are ready. I will respond by letting you know when you may come directly into the office.
4. When using the bathroom, you are asked to use a tissue/paper towel when touching the bathroom doorknob and the bathroom light switch.



5. You will now be required to wash your hands immediately upon arrival bathroom or to use hand sanitizer which I will have available in my office.
6. The office furniture is arranged to ensure 6 feet of distance between you and I during session.
7. If you have a thermometer at home, it is requested that you take your temperature prior to your appointment to ensure you do not have a fever (temperature of 100.4 or above). I will also take my temperature at home prior to arriving at the office each day. If you experience any signs of illness (sore throat, fever, shortness of breath, loss of smell, etc.), or if you had contact within 7 days of your appointment with someone who tested positive for COVID-19, please stay home and cancel your appointment. I will also cancel appointments if I experience signs of illness or learn that I was exposed to a case of COVID-19. For the foreseeable future, I will not be charging cancellation fees if a session is cancelled due to illness.
8. Daily office cleaning will be increased by me. After each client appointment, I will disinfect surfaces where each client was sitting and sanitize the front door handle to the building prior to the next client's arrival.
9. In the event that anyone who has been in the office tests positive for COVID-19, I may be required to disclose your name and contact information to the Department of Health as part of contact tracing procedures. They may contact you to inform you of your exposure. I will also contact you directly to inform you of your exposure within 24 hours of learning about a positive case in the office.

Please do not hesitate to ask any questions about these changes or the current requirements set forth for professional office-based services. The requirements can be found at this link: <https://www.governor.wa.gov/sites/default/files/COVID19Phase2ProfessionalServicesGuidance.pdf>.

Making the decision to return to in-person services is a personal decision that should only be made after great consideration of your risk and the risk to those in your household. When making your decision, I encourage you to think about the following questions:

1. **Am I considered high-risk by the CDC (Centers for Disease Control and Prevention)?** A high-risk person is defined as someone who meets at least one of the following criteria: is 65 years or older, lives in a nursing home or long-term care facility, has moderate-severe asthma or chronic lung disease, has a serious heart condition, is immunocompromised, is severely obese (BMI of 40 or higher), has diabetes, has chronic



kidney disease, or has liver disease.

2. **Is someone in my household considered high-risk by the CDC?** Consider if attending in-person appointments may inadvertently expose someone in your household (or someone who you have regular contact with) who is high-risk and if this is a risk you are willing to take.

If you answer yes to either of these questions, **you are encouraged to not attend sessions in-person until further notice** (tele-health services are still available to you as an alternative).

If you have been engaging in tele-health services already, **I encourage you to continue doing so**. Continuing to engage in tele-health services minimizes your risk, my risk, and my other clients' risk of contracting COVID-19. However, each individual is ultimately responsible for what risks they are willing to take by resuming in-person sessions. By agreeing to resume in-person sessions, you are agreeing to follow the guidelines set forth in this document and acknowledge the risks of participating in in-person sessions.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____ <b>Client Name (Printed)</b>	_____ <b>Client Signature</b>	_____ <b>Date</b>
_____ <b>Client Name (Printed)</b>	_____ <b>Client Signature</b>	_____ <b>Date</b>
<u><b>Thomas J. Auflick</b></u> <b>Therapist Name (Printed)</b>	_____ <b>Therapist Signature</b>	_____ <b>Date</b>