



Denver DBT and Psychotherapy, INC

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19

This document contains important information about in-person services during COVID-19.

When you sign this document, it will be an official agreement between you and your Denver DBT clinician/clinicians; please let us know if you have any questions.

In-Person Groups and Individual Therapy

You have agreed to attend an in-person group or meet in-person for individual therapy. If you, your group, and/or your Denver DBT clinician decide at any time that it would be safer to meet virtually, we will provide telehealth services (as long as it is feasible and clinically appropriate).

Risks of Opting for In-Person Services

You understand that by coming in person to the office for group and/or individual therapy, you are assuming the risk of exposure to COVID-19.

Your Responsibility to Minimize Risks for Self and Others

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, your direct clinician, our families and other clinicians/clients) safe from exposure and illness. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement.

Initial each item below to indicate that you understand and agree to these actions:

You will be honest about your vaccination status.

If you have not been vaccinated, you will not attend in-person group and you can discuss with your clinician whether it's possible to meet safely in person for individual sessions

You will only attend in-person group or keep your in-person appointments if you are symptom free.

If you have tested positive for COVID-19, you will not attend in-person group or in-person individual therapy for the first 5 days after the on-set of symptoms or the first positive test. After day 5, if you are symptom free and have not had a fever for at least 24 hours, you may attend in-person group or in-person individual therapy but you will wear a KN95 mask (which we can provide for you if you do not have one).

If you have been exposed to COVID-19 and you are up to date on your vaccinations/boosters (see the CDC guidelines for what the recommendations are to be "up to date"), you may come to group or individual therapy as long as you have no symptoms, test negative and wear a KN95 mask. If you do not have a KN95, we can provide one. If you are not up to date, you should not attend group/individual for the first 5 days. After day five, if you have no symptoms and test negative, you may return to group.

If there are multiple people in the office waiting room, please wear a mask and keep a reasonable distance from other clients and clinicians (surgical masks are provided in the waiting room).

If you have a job that regularly exposes you to other people who are infected, please discuss this with your individual clinician and/or group leader.

Our team may change the above precautions if additional local, state or federal orders or guidelines are published and/or for other changes in the COVID-19 situation. If that happens, we will talk with you about any necessary changes.

Our Commitment to Minimize Exposure

Denver DBT is committed to doing whatever we can to keep you, our clinicians and all of our loved ones safe from the spread of this virus.

We have taken steps to reduce the risk of spread COVID-19 within the office. These steps include implementing the above policies as well as wiping down high touch surfaces and providing hand sanitizer, masks and air purifiers in Denver DBT offices and our waiting room. Please let us know if you have questions about these efforts.

If you show up for an appointment or group and your clinician believes that you have symptoms of COVID-19, they may ask that you to leave the office. For individual sessions, we can follow up with services by telehealth as appropriate.

If your clinician or a member of your group tests positive for COVID-19, 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.

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

Client or Parent/Guardian Signature
Typing your name above will stand in for the signature.

Date

Clinician Signature

Date