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INFORMED CONSENT FOR IN-OFFICE MENTAL HEALTH SERVICES (COVID-19)

This informed consent for in-office services is being provided to me during the time of the governor of Washington's order for people to stay home for non-essential purposes due to the COVID-19 pandemic. Mental health services have been deemed an essential service. This consent outlines the potential risks to choosing to have in-office meetings rather than telemedicine (video conferencing) appointments. I acknowledge that Sound Mindfulness Group has offered me the option of telemedicine appointments and I have chosen to meet my provider in person at this time.

I understand that my provider has done everything within her power to provide a sanitary, safe, and professional environment for our appointment. I also understand that it is impossible to eliminate all risk of viral exposure or contamination.

I agree to report by telephone, email, or text message any symptoms such as fever, cough, body aches, loss of smell or other indication of potential illness to my provider before my session. If I, or anyone in my household, is experiencing these symptoms I will not present myself at the Sound Mindfulness Group office. Additionally, I will not come to the office until I am 14 days free of any such symptoms.

I acknowledge that telemedicine appointments will be available through video conferencing and phone while I am symptomatic and during the 14-day recovery period. If I develop symptoms within 14 days of visiting the office and suspect I have COVID-19 (and **most certainly if I have a positive COVID test**) I agree to contact my provider so that appropriate contact tracing steps may be made. If we learn that someone who has been present in the office has tested positive, we will close the office and move to video sessions for 14 days with no penalty for cancelled sessions.

Given all of this, by signing below I release Sound Mindfulness Group and its providers from any liability for illness that I may experience as a result of this choice; and I commit to exercising the above precautions on behalf of others and myself.

Signature

Printed Name

____/____/____
Date