

## ***Center for Healthy Sexuality***

**Barbara Levinson, PhD, CNS, LMFT, LSOTP-S**

*Licensed Marriage & Family Therapist*

*Licensed Sex Offender Treatment Provider / Supervisor / Deregistration Evaluation Specialist*

*Licensed Clinical Nurse Specialist in Adult Psychiatric/Mental Health*

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*AASECT Certified Diplomate of Sex Therapy*

*IITAP Certified Sex Addiction Therapist*

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### ***Informed Consent for In-Person Services during COVID-19 Public Health Crisis***

This document contains important information about our decision (yours and mine) to resume in-person services in light of the 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 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, however, I may require that we meet via telehealth. If you have concerns about going back to telehealth, we'll talk about it first and try to address the issue. 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 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, cab, or ridesharing service.

#### **Your Responsibility to Minimize Your Exposure**

- 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 (100 F or more), or if you have other symptoms, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, our normal cancellation fee will be waived.
- You will wait in your car or outside the building until no earlier than 5 minutes before our scheduled appointment time at which time you can come into the waiting room.
- You will use a tissue to dispense hand sanitizer on your hands.
- You will adhere to the safe distancing precautions we have set up in the waiting room and in the therapist's office.

- You will wear a mask in all areas of the office (I and my staff will too).
- You will keep a distance of 6 feet, and there will be no physical contact (e.g. no shaking hands with me or staff).
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If you are bringing your child, we will need to discuss this before your appointment.
- You will take steps between appointments to minimize your exposure.
- If you have a job that exposes you to those who are infected, you will inform me and my staff.
- If your commute or other responsibilities or activities puts you in close contact with others (beyond your family) you will let me, and my staff know.
- If a resident of your home tests positive for COVID-19 infection, you will immediately let me and my staff know, and we will then begin or resume treatment via telehealth.

### **My Commitment to Minimize Exposure**

We have taken steps to reduce the risk of spreading the virus within our office, and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

### **Our/My Safety Precautions in Effect during the Pandemic**

My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- My staff and I wear masks.
- My staff maintains safe distancing.
- Restroom soap dispensers are maintained, and everyone is encouraged to wash their hands.
- Hand sanitizers that contain at least 60% alcohol are available in my office, the waiting room and check-in counter.
- We schedule appointments at intervals to minimize the number of people in the waiting room.
- We ask all patients to wait in their cars until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected throughout the day. After each patient leave, the therapy room will be disinfected for the next patient.

### **If You Are Sick**

You understand that I am committed to keeping you, me, my staff, and all of our families safe from the spread of this virus. If you show up for an appointment and I, or my staff, believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

**Your Confidentiality in the Case of Infection**

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

If I, or my staff, test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

***Informed Consent***

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. For any time period in which telehealth services are provided at a distance, it is important that you have a plan established to respond to any emergencies that may arise, since I cannot be present to personally conduct an evaluation. At a minimum, this involves an agreement to consult the closest emergency room to evaluate your condition, should that become necessary to protect you or someone else.

***I have read, fully understand, and agree to abide by the policy outlined above. I have received clarification from Barbara Levinson, PhD, CNS, LMFT, LSOTP-S where necessary.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Barbara Levinson, PhD, CNS, LMFT, LSOTP-S*

\_\_\_\_\_  
*Date*