



# VANGUARD

MENTAL HEALTH & WELLNESS CLINIC, LLC

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## INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about the decision to return to in-person appointments in light of the COVID-19 public health crisis. Please read this form carefully and let us know if you have any questions. When you sign this document, it will be an official agreement between you and Vanguard Mental Health & Wellness Clinic, LLC (Vanguard Clinic).

### Decision to Meet Face-to-Face

- Effective June 1, 2020, Vanguard Mental Health & Wellness Clinic, LLC (Vanguard Clinic) will reopen with limited hours for in-person sessions. These limited hours are for select clients who do not have access to telehealth services, have specific needs preventing them from being seen virtually, and/or struggle with mental health challenges warranting their return for face-to-face services.
- All clients who had been seen via telehealth services at the start of this pandemic will continue to receive their treatment virtually.
- If there is a resurgence of the pandemic or if other health concerns arise, Vanguard Clinic may require that services return to solely telehealth.
- If either party (the client or provider) decide at any time that they would feel safer returning to telehealth services, that decision should be honored with the understanding that this is feasible and clinically appropriate.

### 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

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, your provider and all respective families, Vanguard Clinic staff and their families, plus other patients) safer from exposure, sickness and possible death.

If you do not adhere to these safeguards, it may result in our terminating in-person sessions or return to a telehealth arrangement.

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

1. You will only keep your in-person appointment if you are symptom free. \_\_\_\_

2. You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, you will not be charged. \_\_\_\_
3. You will wait in your car or outside until no earlier than 5 minutes before your appointment time. \_\_\_\_
4. You will wash your hands or use alcohol-based hand sanitizer when you enter the building. \_\_\_\_
5. You will adhere to the safe distancing precautions Vanguard Clinic have set up in the waiting room and therapy room. For example, you won't move chairs or sit where there are signs asking you not to sit. \_\_\_\_
6. You will wear a mask in all areas of the office (Your provider and Vanguard Clinic staff will too). \_\_\_\_
7. You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with your provider or Vanguard Clinic staff. \_\_\_\_
8. You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. \_\_\_\_
9. You are discouraged from having any other person(s) accompany you into the office, unless it is deemed necessary for your treatment. \_\_\_\_
10. You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
11. If you have a job that exposes you to other people who are infected, you will immediately let your provider and/or Vanguard Clinic staff know. \_\_\_\_
12. If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let your provider or Vanguard Clinic staff know. \_\_\_\_
13. If a resident of your home tests positive for the infection, you will immediately let your provider or Vanguard Clinic staff know and we will then discontinue in-person session and/or continue treatment via telehealth. \_\_\_\_

Vanguard Clinic may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, your provider will talk about any necessary changes with you.

**Vanguard Clinic’s Commitment to Minimize Exposure**

This clinic has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

**If You or Your Provider Are Sick**

You understand that Vanguard Clinic is committed to keeping you, your provider, Vanguard staff and all relevant families safe from the spread of the coronavirus. If you show up for an appointment and Vanguard Clinic providers/staff believe that you have a fever or other symptoms, or believe you have been exposed, we will require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If Vanguard Clinic providers or staff test positive for the coronavirus, we will notify you so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

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

**Informed Consent**

This agreement supplements the general informed consent agreement that you signed at the start of your treatment at Vanguard Clinic.

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

\_\_\_\_\_  
Patient/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mental Health Provider/Psychologist

\_\_\_\_\_  
Date